

STEVE WESTLY

California State Controller

Division of Accounting and Reporting

March 17, 2004

RECEIVED

Ms. Paula Higashi Executive Director Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

MAR 2 3 2004

COMMISSION ON STATE MANDATES

RE: COPIES OF REIMBURSEMENT CLAIM FORMS FOR THE CITIES OF MILPITAS, FISCAL YEARS 1995-96 AND 1996-97, LAKEWOOD, 1995-96 AND 1996-97, RIALTO, 1995-96 THROUGH 1997-98, UPLAND, 1995-96 THROUGH 1997-98, PALMDALE, 1995-96 THROUGH 1997-98, DOWNEY, 1996-97 AND 1997-98, BELL GARDENS, 1995-96 THROUGH 1997-98, CHINO, FISCAL YEAR 1995-96, RANCHO CUCAMONGA, 1995-96 THROUGH 1997-98, MONTCLAIR, 1995-96 AND 1996-97, TUSTIN, 1995-96 THROUGH 1998-99, AND THE TOWN OF APPLE VALLEY, 1995-96 THROUGH 1997-98

I reviewed the above claim forms and added the adjustments, adjustment codes, and the explanation for each adjustment on the claim form and the supporting schedules according to your request.

The attached copies are true and correct copies of the records of the State Controller's Office, Division of Accounting and Reporting, Local Reimbursements Section.

If you have any questions, please contact Ginny Brummels, Manager, Local Reimbursements Section, at (916) 324-0256.

Sincerely,

Joel Wayne Hall, Supervisor Local Reimbursements Section

Enclosures

i			Lor State coun	oner oseromy		
•	Claim for Payr	nent	(19) Program Number: 00161			
Pursua	ant to Government Co	ode Section 17561	(20) Date Filed	1		
	INVESTMENT RE	PORTS	(21) LRS Input	11		
(01) Claimant id	lentification Number	9830936	(22) INR-1 (03)	T		
(02) Claimant N		City of Tustin		2		
Mailing Add		300 Centenial Way	(23) INR-1 (04)(1)(f)			
Street Addi	ess or P.O. Box			13,522		
City State	CA Zip Co	Tustin ode 92680	(24) INR-1 (04)(2)(f)	3,191		
Type of Claim	Estimated Claim	Reimbursement Claim	(25) INR-1, (06)	36.1		
	(03) Estimated	(09) Reimbursement X	(26)	30.1		
. *	(04) Combined	(10) Combined	(27)			
	(05) Amended	(11) Amended	(28)			
Fiscal Year of Cost	(06)	1995-96	(29)			
Total Claimed	(07)	\$21,691	(30)			
Less: 10% Late \$1,000 (if applica	Penalty, but not to exceed able)	\$456	(31)			
Less: Estimated	l Claim Payment Received	(15) /2170 9867 2545 9890 4367 9920	(32) (anter ad)	interest and		
Net Claimed Amount		(16) 2609 \$21,235	(32) former	3/3/04		
Due from State	(08)	(17) \$21,235	(33)			
Due to State	(09)	(18)	(34)			
38) CERTIFICAT	ION OF CLAIM					
ith the State of Califo	provisions of Government Code 17561 mia for costs mandated by Chapter 783 have not violated any of the provisions	3, statues of 1995, Chapter 156 and 7	49, Statutes of 1996; and cen			
osts claimed hérein; a	re was no application for nor any grant ind such costs are for a new program o Chapters 156 and 749, Statutes of 1996	r increased level of services of an exis	he claimant, for reimburseme ting program mandated by C	ent of hapter		
he amount for Estima or the mandated progra atements.	ted Claim and/or Reimbursement Claim am of Chapter 783, Statutes of 1995 an	are hereby claimed from the State fo ad Chapters 156 and 749, Statutes of	r payment of estimated and/o 1996 set forth on the attached	or actual costs		
	orized Representative	Date				
Jan	y Jekus	May 2	0, 1999			
			,			
arry Schutz/ pe of Print Name		Assist Title	ant Finance Directo	r		
me of Print Name			one Number			
				The state of the s		
1	Annette S. Chinn (CRS)	(916)	939-7901			

FORM INR-1

(01) Claimant	(02) Type	of Claim	Fiscal Year						
City of Tustin		ursement X	1995-96						
	E	stimated		(see FAM-27 for e	estimate)				
Calin Statistics	m-Siail@iles								
(03) Number of Investment Reports	prepared during	the fiscal year							
		And process party and process of the		and the later construction and the second section of the second	2				
Directionsis				Ascionulines					
(04) Reimbursable Components	(a)	(b)	(c)	(d)	(e)				
ا است. است التي التونيد على التراسي على التي التي التي التي التي التي التي التي	Salaries	Benefits	- Servicēs	Fixed	Total				
	1170	(7) 2	and Supplies	Assets	1257				
1.Statement of Investment Policy	\$1 1,788	\$1,734-			\$13,522				
2.Quarterly Report of Investments	\$2,001	\$7.10	\$480		\$3,191				
(05) Total Direct Costs	\$12,766	\$2,443	\$480		\$4 67713				
lijelijekeje Gorist	######################################	na se i Cara de la caración de la c			in in the second se				
OC) Indicate Coat Data (one lind to			" 1005						
(06) Indirect Cost Rate (applied to	salaries)		(from ICRP)	(Applied to Salaries)	611				
07) Total Indirect Costs		Line (06) x line (0	5)(a) or line(06) x [line	(05)(a) + line(05)(b))	\$4,978				
08) Total Direct and Indirect Costs	<u></u>		Lir	ne (05)(d) + line (07)	\$21,691				
المُرافِّة ا									
09) Less: Offsetting Savings, if app	licable			·					
10) Less: Other Reimbursements, i									
	a talkan alkadana		North House the second	inertaint in a c	248				
11): Total Claimed Amount	三、其一,其一,		tijnē((pē):	(line(09) + Line(10))	\$21,697				

Chapters 783/95, 156/96, and 749/96

FORM INR-2

- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				·				-l
(01) Claimant: City of Tustin	(02) Fisc	al Year	Costs We	ere incuri	red:		1995-96	
(03) Reimbursable Components: Check o	nly one bo	x per fo	orm to ide	ntify the	compone	nt being	claimed	
Statement of Investment Po	licy							
X Quarterly Reports of Inves	stment							
(04) Description of Expenses: Complete of	olumns (a) throug	ah (f)		 			;
(a)	(b)	, <u>.</u>	(c)	(d)	(e)	(f)	(g)	
Employee Names, Job Class., Functions Performed	Hourly Rate		Hours	1	ł	Services	Fixed	Total
and Description of Expenses	or Unit Cost	Rate	Worked or Quantity	Salaries	Benefits	and Supplies	Assets	Salaries & Benefits
Lynn Lake, Senior Account Clerk	\$19.96	40.0%		 	\$519		 	\$1,8
Responsible for entering data into their]	j	i					
investment tracking system and balancing		1		i	-			1
subsidiary ledgers required for preparation of	1 1	1/20	A11 6.	- Agrand	1 to 6	- 24. 24	ot manula	lef.
the Quarterly Investment Report and showing	Nana	1 mor	They or	CHAPMAN .	actions	a CP letter		
all detail as required by the State.		t	Ť					ì
							·	1
Ronald A. Nault, Finance Director	\$51.30	26.0%	10.00	\$513	\$133		}	\$64
Responsible for reviewing and presenting the								,
Quarterly Report to the City Council for their	1					·		
review & approval.					1			
Laure October Assistant Finance Director	#04 D7	20.00/	0.00	0404	657			604
Larry Schutz, Assistant Finance Director Responsible for reviewing and ensuring the	\$31.87	30.0%	6.00	\$191	\$57			\$24
information in the subsidiary ledgers and the	1							-
quarterly reports is accurate for presentation to						ļ		-
the City Council. Supervision, audits and	1					l		
nternal control procedures.		ł		ļ				
	1	i				}		
City Auditors	! !	- 1		.		\$480		
Contracted to review policy and audit	note	nand	tel acti	ut.	1	_ /	j	•
nvestment policy and quarterly reports to	'''	- 1	i					•
nsure compliance with all State laws.			}		1	}	İ	
\$60/hr x 8 hrs = \$480)		[1	ļ	ł		
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			10	5/3/	133,	4		646
5) Total	}	}	81.00	\$2,001	\$7/10	\$480)	\$2, 7 11

. 1		•				
*	Claim for Payn	nent	(19) Program Number: 00161			
Pursua	ant to Government Co	de Section 17561	(20) Date Filed	//_		
	INVESTMENT RE	PORTS	(21) LRS Input	//		
(01) Claimant l	dentification Number	9830936	(22) INR-1 (03)			
(02) Claimant N	lame	City of Tustin		4		
Mailing Ad		300 Centenial Way	(23) INR-1 (04)(1)(f)			
	ress or P.O. Box	Tustin		26,568		
City State	CA Zip Co	(24) INR-1 (04)(2)(f)	5,896			
Type of Claim	Estimated Claim	Reimbursement Claim	(25) INR-1, (06)	33.2		
	(03) Estimated	(09) Reimbursement X	(26)			
	(04) Combined	(10) Combined	(27)			
	(05) Amended	(11) Amended X	(28)			
Fiscal Year of Cost	(06)	1996-97	(29)			
Total Claimed	(07)	⁽¹³⁾ \$41,468	(30)			
Less: 10% Late \$1,000 (if applic	Penalty, but not to exceed able)	(14) \$815 **	(31)			
Less: Estimated	d Claim Payment Received	(15) 406/ 9920 8253 9890 25638 9867	(32) (32) A sortard ad yplannature (32) James	entment and		
Net Claimed Amount		(16) 35/4 \$4 0,653	(32) Janua	3/3/04		
Due from State	(08)	(17) 35/4 \$40 ,653	(33)			
Oue to State	(09)	(18)	(34)	<u> </u>		
38) CERTIFICAT	ION OF CLAIM			<u>· </u>		
vith the State of Califo enalty of perjury that	e provisions of Government Code 17561 ornia for costs mandated by Chapter 783 I have not violated any of the provisions	3, statues of 1995, Chapter 156 and 74 of Government Code Sections 1090 t	19, Statutes of 1996; and cert o 1096, inclusive.	ify under		
osts claimed herein; a	ere was no application for nor any grant of and such costs are for a new program of Chapters 156 and 749, Statutes of 1996	r increased level of services of an exis	he claimant, for reimburseme ting program mandated by Cl	nt of hapter		
he amount for Estima r the mandated progr atements.	ated Claim and/or Reimbursement Claim ram of Chapter 783, Statutes of 1995 an	are hereby claimed from the State fo d Chapters 156 and 749, Statutes of	r payment of estimated and/o 1996 set forth on the attached	r actual costs		
	orized Representative	Date				
		May 2	0, 1999			
arry Schutz		Assist	ant Finance Directo	r ·		
pe of Print Name		Title				
រញ្ជាច្រាច់ក្រើស្បាត្រឡើ	Reson of Chime consumer	i i i i i i i i i i i i i i i i i i i	anearunioer			
	Annette S. Chinn (CRS)	(916)	939-7901			

Chapters 783/95, 156/96, and 749/96
** NOTE: Late fee was adjusted to deduct the prior amount claimed for \$33,319

and the state of t

FORM INR-2

<u> </u>								
(01) Claimant: City of Tustin	(02) Fisc	al Year	Costs W	ere Incui	red:	,	1996-97	
(03) Reimbursable Components: Check o	nly one bo	x per fo	orm to ide	ntify the	compon	ent bein	g claimed	
X Statement of Investment F	Policy							
Quarterly Reports of Investr	nent							
(04) Description of Expenses: Complete c	olumns (a) throug	jh (f)					
(a)	(b)		(c)	(d)	(e)	(f)	(g)	
Employee Names, Job Class., Functions Performed and	Hourly Rate	Rate	Hours Worked	Salaries	Benefits	Services and	Fixed Assets	Total Salaries
Description of Expenses	Unit Cost	<u> </u>	or Quantity		<u> </u>	Supplies	<u> </u>	& Benefits
George W. Jeffries, Treasurer	\$49.23	ĺ	200.00	\$9,846	5	}	İ	\$9,846
Responsible for researching and reviewing State Statutes to determine what changes to		1 .						ł
the City's Investment Policy would be required.					l	•		
Attended meetings and seminars to be trained	1					•		{
on the new requirements. Met with staff and		ŀ						·
protete har requirements. Met man dan disc	}	i i]	j		MAN AND A LA	as to
ensure compliance. Drafted and edited new			-				Ĭ	
Policy language.					}			
]	
Ronald A. Nault, Finance Director	\$53.09	26.0%	250.00	\$13,272	\$3,451		1	\$16,722
Responsible for reviewing and editing the		·			1			
Annual Statement of Investment Policy. Attended meetings with the City Treasurer with]		ŀ	
rokers to update investment policy.		l			1 1			1
nplemented the investment policies and		1]			
rocedures and presented new Policy to the		- 1			1			
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i) Total			18 450.00 \$		\$3:451			
y roldi	1	ſ	450.001 \$	23.7181	ง ง:4511	ł	1	\$26:568

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	Claim f	or Paym	nent		(19) Program Nun	nber: 00161
Pursu	ant to Governn	nent Co	de Section 175	61	(20) Date Filed	<i>[]</i>
1	INVESTME				(21) LRS Input	11
(01) Claimant	dentification Numbe		9830936	 .	(22) INR-1 (03)	
(02) Claimant	Name		City of Tustin			4
Mailing Ad	dress	3	300 Centenial Way	•	(23) INR-1 (04)(1)(f) ;
Street Add	Street Address or P.O. Box					28,153
City			Tustin		(24) INR-1 (04)(2)(f	1
State	CA	Zip Co	,		(05)	6,331
Type of Claim	Estimated C	laim	Reimbursement	Claim	(25) INR-1, (06)	45.0
	(03) Estimated		(09) Reimbursement	X	(26)	45.9
t	(04) Combined		(10) Combined		(27)	
	(05) Amended		(11) Amended	X	(2.8)	
Fiscal Year of Cost	(06)		(12) 1997-98		(29)	1
Total Claimed	(07)	:	(13) \$47,699		(30)	
Less: 10% Late \$1,000 (if applic	Penalty, but not to able)	exceed	\$1,000	**	(31)	
Less: Estimate	d Claim Payment Re	ceived	(15) 3856 27 2 08 11943		(32) (W) entered (adjustments and
Net Claimed Amount			(16) <i>46</i> ,699 . \$46,699		(32) June.	3/3/04
Due from State	(08)	((17) <i>46</i> 72 \$4 6, 699		(33)	
Due to State	(09)	((18)		(34)	
38) CERTIFICAT	TON OF CLAIM		······································		 	.,
vith the State of Califo	omia for costs mandated by	Chapter 783,	I certify that I am the perso , statues of 1995, Chapter 1 of Government Code Section	56 and 749	9, Statutes of 1996; and	
osts claimed herein; a	ere was no application for n and such costs are for a ne Chapters 156 and 749, Sta	w program or	r payment received, other the increased level of services .	hat from the of an existi	e claimant, for reimburse ing program mandated b	ement of y Chapter
he amount for Estima r the mandated progr atements.	ated Claim and/or Reimburs ram of Chapter 783, Statute	sement Claim es of 1995 and	are hereby claimed from the d Chapters 156 and 749, St	e State for atutes of 19	payment of estimated ar 1996 set forth on the attac	nd/or actual costs thed
	orized Representati	ve		Date		
Thing	<u>Achul</u>	· · · · · ·		May 20), 1999	
arry Schutz				Accieta	int Finance Direc	stor
pe of Print Name			•	Title	in I mance Direc	201
	Reison for Claim			Telepho	ne Number	
	Annette S. Chinn	(CRS)		(916) 9	39-7901	

FORM are early INR-1

(01) Claimant	(02) Type	of Claim	Fiscal Year	 			
City of Tustin		ursement X	1997-98				
		stimated	and a Managaran with the state of the state	(see FAM-27 for es	stimate)		
CarmSellsiles 115.							
(03) Number of Investment Reports	orepared during	the fiscal year			4		
Dinerol. Gosus			Cityreti.	AY Fig. D. S.			
04) Reimbursable Components	(a)	(b)	(c)	(d)	(e)		
	Salaries	Benefits	Services	Fixed	Total		
	601	121/	and Supplies	Assets	0.11		
1.Statement of Investment Policy	\$ 24,45 7	\$3,696	_		\$ 28,153		
2.Quarterly Report of Investments	\$4,332	\$1, 495	\$504		\$6 ,531		
5) Total Directicosts	1 \$2 <i>8 169</i> 1	\$5,462	\$504		5241285		
Ginaci ciones	ender () Edge ()			Marian Kirkali mayan in il	ALLES TO A CONTROL OF THE STREET		
6) Indirect Cost Rate (applied to s	salaries)		(from ICRP)	(Applied to Salaries)	45.9%		
7) Total Indirect Costs		Line (06) x line (0	5)(a) or line(06) x [line	(05)(a) + line(05)(b)]	\$13,214 %		
8) Total Direct and Indirect Costs			Lir	ne (05)(d) + line (07)	\$47,699		
olsy in Exercisia (Fri Nestria)							
9) Less: Offsetting Savings, if appl	licable						
0) Less: Other Reimbursements, it	f applicable				4691		
i) Total Claimed Amount			(80 an una	(Uhe(09) + Ligne(10))	\$47 699		
aran ran amunung manang manang ka hili li		i. Ehrlighilest, migai		anter 783/05 1/			

The Induit cost rate adjustment was calculated. as 2769× 1459= 1271 13214-1271= 11943 13214-1266= 11948 Should be 2759 x.459 = 1266 lass on further adjustment

FORM INR-2

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(01) Claimant:	City of Tustin	(02) Fisc	al Year	Costs W	ere incur	red:		1997-98	
(03) Reimbursab	le Components: Check o	nly one bo	x per f	orm to ide	ntify the	compone	nt being	claimed	
	Statement of Investment Po	olicy				• .			
X	Quarterly Reports of Inves	stment						•	
(04) Description	of Expenses: Complete of	olumns (a) throu	gh (f)					
Empleyee Marries	(a) Job Class., Functions Performed	(b) Hourly Rate	Benefit	(c) Hours	(d)	(e)	(f) Services	(g) Fixed	Total
	and iption of Expenses	or Unit Cost	Rate	Worked or Quantity	Salaries	Benefits	and Supplies	Assets	Salaries & Benefits
Lynn Lake, Senior		\$20.46	40.0%	1	1	1			\$1,86
·—·	Senior Account Clerk	\$20.46	40.0%	52.00	\$1,064	\$426		1	\$1,490
Responsible for ente	——————————————————————————————————————	1	ļ.			ł <i>-</i>			
-	system and balancing	Daily	mont	the account	to ac	truites 0	u no	mandati	7
•	equired for preparation of ment Report and showing			9		<u> </u>			
all detail as required			ŀ	<u> </u>				,	ارسان رخوبان داسته
an uctan as required	by are state.								
Ronald A. Nault, Fir	nance Director	\$54.68	26.0%	20.00	\$1,094	\$284			\$1,378
Responsible for revie	ewing and presenting the	•							
Quarterly Report to t	he City Council for their					,			
review & approval.	· · · · · · · · · · · · · · · · · · ·								
land Cabuta Agaia	tant Einanaa Director	\$25.46	20.00/	24.00	\$844	\$253	_		\$1,097
	tant Finance Director wing and ensuring the	\$35.16	30.0%	24.00	Ф 044	φ 2 03			φ1,057
	osidiary ledgers and the						,		
	ccurate for presentation to	l i	1						
	pervision, audits and	j j	ł	1					
nternal control proce					İ				
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City Auditors		, 1	1		42	Ī	\$5,04	j	
Contracted to review		not a	mand	ated a	lowing	ļ		l	
nvestment policy and						.			
ensure compliance wi]		1		i	
(\$63/hr x 8 hrs = \$5	004)		İ	- 1					
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				44	1938	537	-6-		2475
5) Total		1	I	161.00	\$4.332	\$1,495	\$504	i	\$5.827