



BETTY T. YEE
California State Controller

RECEIVED
June 23, 2016
*Commission on
State Mandates*

June 22, 2016

Heather Halsey, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Re: State Controller's Office Response to Additional Information Requested

Incorrect Reduction Claim (IRC)
Animal Adoption, 11-9811-I-01
Civil Code Sections 1834 and 1846;
Food and Agriculture Code Sections 31108, 31752, 31752.5, 31753, 32001, and 32003;
Statutes 1998, Chapter 752; Statutes 2004, Chapter 313
Fiscal Years: 1998-1999, 1999-2000, 2000-2001, 2001-2002, 2002-2003, 2005-2006,
2006-2007, and 2007-2008
City of Hayward, Claimant

Dear Ms. Halsey:

The State Controller's Office (SCO) is transmitting additional information for the above-referenced IRC requested by the Commission in a letter dated June 14, 2016.

The Commission requested that the SCO provide the following:

1. The dates that reimbursement claims for fiscal year 1998-1999, 1999-2000, and 2000-2001 were filed – please also submit copies of the signed claims;
2. The dates that claims for fiscal years 1998-1999, 1999-2000, and 2000-2001 were first paid; and
3. The date of initiation of the audit.

If you have any questions, please contact me by telephone at (916) 323-5849.

Sincerely,

JIM L. SPANO, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

Attachments

P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636
3301 C Street, Suite 700, Sacramento, CA 95816 ♦ (916) 324-8907
901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 ♦ (323) 981-6802

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE COMMISSION REQUEST DATED JUNE 14, 2016
FOR ADDITIONAL DOCUMENTATION
RELATED TO AN INCORRECT REDUCTION CLAIM FILED BY
THE CITY OF HAYWARD**

Animal Adoption Program

Table of Contents

<u>Description</u>	<u>Page</u>
State Controller's Office (SCO) Response to Commission's Request	
SCO Declaration	Tab 1
SCO Comments.....	Tab 2
Reimbursement Claim - Fiscal Year (FY) 1998-1999	Tab 3
Reimbursement Claim - FY 1999-2000	Tab 4
Reimbursement Claim - FY 2000-2001	Tab 5
SCO Payment Information - FY 1998-1999	Tab 6
SCO Payment Information - FY 1999-2000	Tab 7
SCO Payment Information - FY 2000-2001	Tab 8
SCO Audit Initiation Letter	Tab 9

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**
Division of Audits
2 3301 C Street, Suite 725
Sacramento, CA 95816
3 Telephone No.: (916) 324-8907

4
5 **BEFORE THE**
6 **COMMISSION ON STATE MANDATES**
7 **STATE OF CALIFORNIA**

8 **INCORRECT REDUCTION CLAIM (IRC)**
ON:

No.: IRC 11-9811-I-01

9 *Animal Adoption Program*

AFFIDAVIT OF BUREAU CHIEF

10 Civil Code Sections 1834 and 1846 and
Food and Agriculture Code
11 Sections 31108, 31752, 31752.5, 31753,
32001, and 32003
12 (Chapter 752, Statutes of 1998; and Chapter
313, Statutes of 2004)

13
14 **CITY OF HAYWARD, Claimant**

15
16
17 I, Jim L. Spano, make the following declarations:

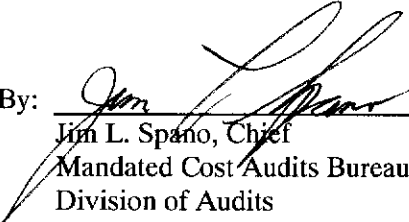
- 18 1) I am an employee of the State Controller's Office (SCO) and am over the age of 18 years.
19 2) I am currently employed as a bureau chief, and have been so since April 21, 2000. Before that,
20 I was employed as an audit manager for two years and three months.
21 3) I am a California Certified Public Accountant.
22 4) I reviewed the work performed by the SCO auditor.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I do declare that the above declarations and information contained in Tabs 2 through 9 are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief.

Date: June 22, 2016

OFFICE OF THE STATE CONTROLLER

By: 

Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

Tab 2

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE COMMISSION REQUEST DATED JUNE 14, 2016
FOR ADDITIONAL DOCUMENTATION
RELATED TO AN INCORRECT REDUCTION CLAIM BY
THE CITY OF HAYWARD**

Animal Adoption Program

SCO COMMENTS

Per the Commission's request, we are providing the reimbursement claims for the Animal Adoption program for fiscal year (FY) 1998-1999, FY 1999-2000, and FY 2000-2001.

The following table summarizes the amounts claimed by the city and the date the claims were filed with the SCO:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Date Filed with the SCO</u>	<u>Reference</u>
1998-1999	\$ 153,362	9/4/2002	Tab 3
1999-2000	\$ 630,730	9/4/2002	Tab 4
2000-2001	\$ 391,674	9/4/2002	Tab 5

In addition, we are providing the payment information for the Animal Adoption Program for FY 1998-1999, FY 1999-2000, and FY 2000-2001.

The following table summarizes the claimed and audited information and the payments made to the city:

	<u>Fiscal Year</u>			<u>Reference</u>
	<u>1998-1999</u>	<u>1999-2000</u>	<u>2000-2001</u>	
Claim Amount	\$153,362	\$630,730	\$391,674	
Audit Adjustment	(138,100)	(346,148)	(199,435)	
Allowable Costs	15,262	284,582	192,239	
Payments Made:				
8/10/2006	153,362			Tab 6
8/3/2006		630,730		Tab 7
8/3/2006			391,674	Tab 8
Recovered Offsets:				
6/9/2011	(138,100)			
6/9/2011		(346,148)		
6/9/2011			(199,435)	
Net Payments	15,262	284,582	192,239	
Balance Due	\$ -	\$ -	\$ -	

We have also included the audit notification letter, dated May 12, 2009, addressed to the city's Finance Director, in Tab 9.

Tab 3

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
ANIMAL ADOPTION

(19) Program Number 00213
 (20) Date Filed **SEP 04 2002**
 (21) LRS Date **SEP 06 2002**

(01) Claimant Identification Number 9801358		Reimbursement Claim Data	
(02) Claimant Name City of Hayward		(22) AA-1, (04)(A)(1)(g)	269
County of Location Alameda County		(23) AA-1, (04)(A)(2)(g)	393
Street Address or P.O. Box 777 "B" Street		(24) AA-1, (04)(A)(3)(g)	
City Hayward	State CA	Zip Code 94541-5007	(25) AA-1, (04)(B)(1)(g) 40,633
Type of Claim	Estimated Claim		(26) AA-1, (04)(B)(2)(g)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) AA-1, (04)(B)(3)(g)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) AA-1, (04)(B)(4)(g)
	(06) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) AA-1, (04)(B)(5)(g) 850
Fiscal Year of Cost	(08)	(12) 1998-1999	(30) AA-1, (04)(B)(6)(g) 58,685
Total Claimed Amount	(07)	(13) \$153,362 ✓	(31) AA-1, (04)(B)(7)(g) 7,357
LESS: 10% Late Penalty, not to exceed \$1,000		(14)	(32) AA-1, (04)(B)(8)(g) 10,679
LESS: Prior Claim Payment Received		(15)	(33) AA-1, (04)(B)(9)(g) 18,686
Net Claimed Amount		(16)	(34) AA-1, (04)(B)(10)(g) \$153,362
Due from State	(08)	(17)	(35) AA-1, (06) 24
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 752, Statutes of 1998, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 752, Statutes of 1998.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 752, Statutes of 1998 set forth on the attached statements.

Signature of Authorized Officer

Date

Perry H. Carter

9-4-02

Perry H. Carter

Finance Director

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number **916.485.8102**

Nicole R. Zieba (MAXIMUS, Inc.)

E-mail Address **nicolezieba@maximus.com**

**MANDATED COSTS
ANIMAL ADOPTION
CLAIM SUMMARY**

FORM
AA-1

(01) Claimant: City of Hayward		(02) Fiscal year costs were incurred: 1998-1999						
(03) Department: Animal Control								
Direct Costs		Object Accounts						
(04) Reimbursable Components		(a)	(b)	(c)	(d)	(e)	(f)	(g)
	A. One-Time Costs	Salaries	Benefits	Materials & Supplies	Contract Services	Travel & Training	Fixed Assets	Total
	1. Policies and Procedures	\$195	\$74					\$269
	2. Training	\$285	\$108					\$393
	3. Computer Software							
	B. Ongoing Costs							
	1. Acquiring Space/Facilities			\$40,633				\$40,633
	2. Renovating Facilities							
	3. Care of Dogs & Cats							
	4. Care of Other Animals			\$850				\$850
	5. Holding Period <i>4,588 →</i>	\$42,588	\$16,098					\$58,685
	6. Feral Cats							
	7. Lost and Found Lists	\$5,339	\$2,018					\$7,357
	8. Non-Medical Records			\$10,679				\$10,679
9. Veterinary Care			\$18,686				\$18,686	
10. Procuring Equipment								
(05) Total Direct Costs		\$48,407	\$18,298	\$70,848				\$137,553
Indirect Costs								
(06) Indirect Cost Rate		[From ICRP] Salary and Benefits			23.70%			
(07) Total Indirect Costs		[Line (06)(a) x line(05)(a)] or [(Line(06) x line (05)(a) + line (05)(b))]						\$15,809
(08) Total Direct and Indirect Costs		[Line(05)(g) + line(07)]						\$153,362
Cost Reduction								
(09) Less: Offsetting Savings								
(10) Less: Other Reimbursements								
(11) Total Claimed Amount		[Line(08) - {Line (09) + Line(10)}]						\$153,362

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
 Care of Other Animals Holding Period Feral Cats
 Lost and Found Lists Non-Medical Records Veterinary Care
 Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Services Manager	\$30.40	37.80%	4.00					\$122	\$46	\$168
Animal Control Officer	\$16.53	37.80%	2.30					\$38	\$14	\$52
Senior Animal Care Attendant	\$15.52	37.80%	2.30					\$36	\$13	\$49
<p>The above staff members analyzed the legislation, drafted new policies and procedures concerning mandated activities, reviewed and edited the draft policies and procedures, and finalized the draft versions.</p>										

(05) Total () Subtotal () Page: _____ of _____ \$195 \$74 \$269

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
 Care of Other Animals Holding Period Feral Cats
 Lost and Found Lists Non-Medical Records Veterinary Care
 Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Care Attendants	\$14.11	37.80%	10.00					\$141	\$53	\$194
Police Records Clerk	\$15.04	37.80%	4.00					\$60	\$23	\$83
Animal Control Officers	\$16.53	37.80%	3.00					\$50	\$19	\$68
Senior Animal Care Attendant	\$15.52	37.80%	1.00					\$16	\$6	\$21
Senior Animal Control Officer	\$19.03	37.80%	1.00					\$19	\$7	\$26
<p>The staff in the Hayward Animal Control Department were trained on the new policies and procedures concerning mandated activities. The time claimed above represents a one hour training session for each staff member.</p> <p><i>Handwritten: now 1:00</i></p>										
(05) Total () Subtotal ()								\$285	\$108	\$393

Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.

No activity this fiscal period.

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Due to the new law, the City of Hayward determined that they needed a larger space to accommodate additional holding periods, "other" animals, and other mandated activities. The construction planning started in fiscal year 1998-1999. The eligible period for construction costs and planning is from January 1, 1998 through June 30, 1999. Therefore, only costs incurred within the eligible period are claimed herein. <i>Detailed capital budget for the eligible period is attached.</i>				\$40,633						

(05) Total () Subtotal () Page: _____ of _____ \$40,633

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
No activity this fiscal period.										

(05) Total () Subtotal () Page: ____ of ____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Not eligible this fiscal period.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Care and maintenance of impounded stray or abandoned animals that die during the increased holding period or are ultimately euthanized. Average Daily Census = 6 4 day holding cost = 28.34 Total number of eligible euthanized animals = 30 Total cost for eligible euthanized animals = \$850.20 (4)(28.34)(30)				\$850						
Please see attached time study and cost summary for detail and documentation.										

(05) Total () Subtotal () Page: _____ of _____ **\$850**

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time	<input type="checkbox"/> Policies and Procedures	<input type="checkbox"/> Training	<input type="checkbox"/> Computer Software
Ongoing	<input type="checkbox"/> Acquiring Space/Facilities	<input type="checkbox"/> Renovating Facilities	<input type="checkbox"/> Care of Dogs & Cats
	<input type="checkbox"/> Care of Other Animals	<input checked="" type="checkbox"/> Holding Period	<input type="checkbox"/> Feral Cats
	<input type="checkbox"/> Lost and Found Lists	<input type="checkbox"/> Non-Medical Records	<input type="checkbox"/> Veterinary Care
	<input type="checkbox"/> Procuring Equipment		

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Care Attendants (7)	\$14.11	37.80%	1464.00					\$20,650	\$7,808	\$28,455
Police Records Clerks (3)	\$15.04	37.80%	576.00					\$8,663	\$3,275	\$11,938
Senior Animal Control Officer (1)	\$19.03	37.80%	384.00					\$7,308	\$2,762	\$10,070
Sr. Animal Care Attendant (1)	\$15.52	37.80%	384.00					\$5,960	\$2,253	\$8,212
<p><i>none till 00</i></p> <p>For fiscal year 1998-1999, the Hayward Animal Control department made itself available and open to the public on Saturdays from 12 PM to 6PM to make animals available for owner redemption.</p> <p>The total claimed herein represents the actual time of staff for the six-month eligible period.</p> <p>Every Saturday, there are 7 Animal Care Attendants, 3 Police Records Clerks, 1 Animal Control Officer and 1 Senior Animal Care Attendant that staff the operation. The shelter is extremely busy on the Saturday, many members of the public come to the shelter seeking to adopt and redeem animals. Because of the numbers of people who come, the shelter must have staff on hand to assist the public in adopting and redeeming animals.</p>										
(05) Total () Subtotal ()								\$42,587	\$18,098	\$58,685

Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expense	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the non-medical records cost for eligible animals.										

() Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Police Records Clerk II (4) The Police Records Clerks II spent approximately 355 hours per year in taking information about lost and found animals via telephone, updating the lost and found lists daily, and providing owners with the names and addresses of other shelters within their vicinity.	\$15.04	37.80%	355.00					\$5,339	\$2,018	\$7,357
(05) Total () Subtotal ()								\$5,339	\$2,018	\$7,357

Page: ____ of ____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time	<input type="checkbox"/>	Policies and Procedures	<input type="checkbox"/>	Training	<input type="checkbox"/>	Computer Software
Ongoing	<input type="checkbox"/>	Acquiring Space/Facilities	<input type="checkbox"/>	Renovating Facilities	<input type="checkbox"/>	Care of Dogs & Cats
	<input type="checkbox"/>	Care of Other Animals	<input type="checkbox"/>	Holding Period	<input type="checkbox"/>	Feral Cats
	<input type="checkbox"/>	Lost and Found Lists	<input checked="" type="checkbox"/>	Non-Medical Records	<input type="checkbox"/>	Veterinary Care
	<input type="checkbox"/>	Procuring Equipment				

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
<p>This cost has only been applied to the eligible euthanized animals sheltered by the City of Hayward.</p> <p>The attached data form provides explanation of each task within this category. The total time spent on record-keeping averages to <u>19.9 minutes per animal</u>.</p> <p>19.9 min. x .37 salary/min. x 1731 eligible animals = \$10,679</p>				\$10,679						

(05) Total () Subtotal () Page: ____ of ____

\$10,679

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
<p>This cost has been prorated based upon the number of animals that would have been eligible euthanized animals had the Care and Maintenance portion of this claim been eligible for this period. The costs contained herein represent an initial physical exam and administration of "wellness" vaccine as well as costs for "necessary and prompt" veterinary care.</p> <p>Dogs/Cats (10.92 vet x 1701 eligible) + "Other" animals (3.69 vet x 30 eligible) = \$18,685.62</p>				\$18,686						

(05) Total () Subtotal () Page: _____ of _____

\$18,686

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1998-1999**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
No activity this fiscal period.										

(05) Total () Subtotal () Page: _____ of _____

Tab 4

CLAIM FOR PAYMENT

**Pursuant to Government Code Section 17561
ANIMAL ADOPTION**

(19) Program Number 00213
(20) Date **SEP 04 2002**
(21) LRS **SEP 06 2002**

(01) Claimant Identification Number 9801358			Reimbursement Claim Data	
(02) Claimant Name City of Hayward			(22) AA-1, (04)(A)(1)(g)	
County of Location Alameda County			(23) AA-1, (04)(A)(2)(g)	3,829
Street Address or P.O. Box 777 "B" Street			(24) AA-1, (04)(A)(3)(g)	16,735
City Hayward	State CA	Zip Code 94541-5007	(25) AA-1, (04)(B)(1)(g)	354,327
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26) AA-1, (04)(B)(2)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) AA-1, (04)(B)(3)(g)	105,094
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) AA-1, (04)(B)(4)(g)	1,529
Fiscal Year of Cost	(06)	(12) 1999-2000	(30) AA-1, (04)(B)(8)(g)	
Total Claimed Amount	(07)	(13) \$630,730 ✓	(31) AA-1, (04)(B)(7)(g)	8,242
LESS: 10% Late Penalty, not to exceed \$1,000			(14)	(32) AA-1, (04)(B)(8)(g)
LESS: Prior Claim Payment Received			(15)	(33) AA-1, (04)(B)(9)(g)
Net Claimed Amount			(16)	(34) AA-1, (04)(B)(10)(g)
Due from State	(08)	(17) \$630,730 ✓	(35) AA-1, (06)	19
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 752, Statutes of 1998, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 752, Statutes of 1998.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 752, Statutes of 1998 set forth on the attached statements.

Signature of Authorized Officer

Date

Perry H. Carter

9-4-02

Perry H. Carter

Finance Director

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number **916.485.8102**

Nicole R. Zieba (MAXIMUS, Inc.)

E-mail Address **nicolezieba@maximus.com**

**MANDATED COSTS
ANIMAL ADOPTION
CLAIM SUMMARY**

**FORM
AA-1**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred:

1999-2000

(03) Department

Animal Control

Direct Costs

Object Accounts

(04) Reimbursable Components

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Salaries	Benefits	Materials & Supplies	Contract Services	Travel & Training	Fixed Assets	Total

A. One-Time Costs

- 1. Policies and Procedures
- 2. Training
- 3. Computer Software

\$1,092	\$337		\$2,400			\$3,829
\$497	\$154	\$16,084				\$16,735

B. Ongoing Costs

- 1. Acquiring Space/Facilities
- 2. Renovating Facilities
- 3. Care of Dogs & Cats
- 4. Care of Other Animals
- 5. Holding Period
- 6. Feral Cats
- 7. Lost and Found Lists
- 8. Non-Medical Records
- 9. Veterinary Care
- 10. Procuring Equipment

\$1,685	\$521	\$352,121				\$354,327
		\$105,094				\$105,094
		\$1,529				\$1,529
\$89,389	\$27,621					\$117,010
\$6,297	\$1,946					\$8,242

(05) Total Direct Costs

630,330	\$30,579	\$474,828	\$2,400			\$606,765
--------------------	----------	-----------	---------	--	--	-----------

Indirect Costs

(06) Indirect Cost Rate

[From ICRP]

Salary and Benefits

18.50%

(07) Total indirect Costs

[Line (06)(a) x line(05)(a)] or [(Line(06) x line (05)(a)) + line (05)(b)]

\$23,964

(08) Total Direct and indirect Costs

[Line(05)(g) + line(07)]

630,729

\$630,730

Cost Reduction

(09) Less: Offsetting Savings

(10) Less: Other Reimbursements

(11) Total Claimed Amount

{Line(08) - {Line (09) + Line(10)}}

\$630,730

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
No activity this fiscal period.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
 Care of Other Animals Holding Period Feral Cats
 Lost and Found Lists Non-Medical Records Veterinary Care
 Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Care Attendants	\$14.71	30.90%	27.00					\$397	\$123	\$520
Police Records Clerk	\$16.44	30.90%	20.00					\$329	\$102	\$430
Animal Control Officers	\$18.59	30.90%	12.00					\$223	\$69	\$292
Senior Animal Care Attendant	\$16.62	30.90%	4.00					\$68	\$21	\$87
Senior Animal Control Officer	\$19.03	30.90%	4.00					\$78	\$24	\$100
Chameleon training staff fee					\$2,400					
<p>The Hayward Animal Control Department purchased Chameleon software to assist them in tracking animals and other duties related to mandated activities. Each staff member had to be trained on using the system.</p> <p><i>Please see attached Chameleon invoice for documentation on training fee.</i></p>										
(05) Total () Subtotal ()					\$2,400			\$1,092	\$337	\$1,429

61
1091

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
 Care of Other Animals Holding Period Feral Cats
 Lost and Found Lists Non-Medical Records Veterinary Care
 Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Services Manager The Animal Services Manager spent approximately 15 hours researching appropriate software systems to assist the City of Hayward in complying with mandated activities. Time claimed herein also includes time in negotiating with the vendor and being available for implementation help. Chameleon Chameleon software system and associated necessary computer equipment, including server set up and hardware. <i>Costs claimed herein have not been included within the Indirect Cost Rate Proposal.</i>	\$32.09	30.90%	15.50	\$16,084				\$497	\$154	\$651

(05) Total () Subtotal () Page: _____ of _____ **\$16,084** **\$497** **\$154** **\$651**

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Services Manager Capital costs @ 50.1% In fiscal year 1999-2000, the City of Hayward determined that, due to additional holding period mandates and other associated mandated activities, it would be necessary to expand and construct new facilities to comply with mandated activities. Costs claimed herein represent the pro-rated share of capital costs. <i>Please see attached, detailed capital budget for descriptions of activities and expenditures.</i> 2091 eligible euthanized animals/4177 total animals = 51.5%	\$32.09	30.90%	52.50	\$352,121				\$1,685	\$521	\$2,205
(05) Total () Subtotal ()				\$352,121				\$1,685	\$521	\$2,205

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses **Object Accounts**

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
No activity this fiscal period.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
<p>Care and maintenance of impounded stray or abandoned dogs and cats that die during the increased holding period or are ultimately euthanized.</p> <p>Average Daily Census = 113</p> <p>Total cost per eligible euthanized dog and cat for two additional days of care plus veterinary care for initial physical exam and wellness vaccination = \$52.13</p> <p>Total cost of care and maintenance for 2016 eligible euthanized dogs and cats for two additional holding days = \$105,094</p> <p><i>Please see attached time study and cost summary for detail and documentation.</i></p>				\$105,094						
(05) Total () Subtotal ()				\$105,094						

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Care and maintenance of impounded stray or abandoned animals that die during the increased holding period or are ultimately euthanized. Average Daily Census = 6 4 day holding cost = 20.38 Total number of eligible euthanized animals = 75 Total cost for eligible euthanized animals = \$1528.5 Please see attached time study and cost summary for detail and documentation.				\$1,529						

(05) Total () Subtotal () Page: ____ of ____ **\$1,529**

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
 Care of Other Animals Holding Period Feral Cats
 Lost and Found Lists Non-Medical Records Veterinary Care
 Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Care Attendants	\$14.71	30.90%	2928.00					\$43,071	\$13,309	\$56,380
Police Records Clerks	\$16.44	30.90%	1152.00					\$18,939	\$5,852	\$24,791
Senior Animal Control Officer	\$19.03	30.90%	768.00					\$14,615	\$4,516	\$19,131
Sr. Animal Care Attendant	\$16.62	30.90%	768.00					\$12,764	\$3,944	\$16,708
<p>For fiscal year 1999-2000, the Hayward Animal Control department made itself available and open to the public on Saturdays from 12 PM to 6PM to make animals available for owner redemption.</p> <p>The total claimed herein represents the actual time of staff for the year-long eligible period.</p> <p>Every Saturday, there are 7 Animal Care Attendants, 3 Police Records Clerks, 1 Animal Control Officer and 1 Senior Animal Care Attendant that staff the operation.</p> <p>The shelter is extremely busy on the Saturday, many members of the public come to the shelter seeking to adopt and redeem animals. Because of the numbers of people who come, the shelter must have staff on hand to assist the public in adopting and redeeming animals.</p>										

(05) Total () Subtotal () Page: _____ of _____ **\$89,389 \$27,621 \$117,010**

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses Object Accounts

(a) Employee Name, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the care and maintenance cost for eligible euthanized dogs and cats.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Police Records Clerk II (4) The Police Records Clerks II spend approximately 383 hours per year in taking information about lost and found animals via telephone, updating the lost and found lists daily, and providing owners with the names and addresses of other shelters within their vicinity.	\$16.44	30.90%	383.00					\$6,297	\$1,946	\$8,242

(05) Total () Subtotal () Page: _____ of _____ \$6,297 \$1,946 \$8,242

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the care and maintenance cost for eligible euthanized dogs and cats.										

(05) Total () Subtotal () Page: ____ of ____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the care and maintenance cost for eligible euthanized dogs and cats.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **1999-2000**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

- One-Time Policies and Procedures Training Computer Software
- Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
- Care of Other Animals Holding Period Feral Cats
- Lost and Found Lists Non-Medical Records Veterinary Care
- Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
These costs have been claimed under the "Computer Software" portion of this claim.										

(05) Total () Subtotal () Page: _____ of _____

Tab 5

CLAIM FOR PAYMENT	(19) Program Number 00213 (20) Date Filed SEP 04 2002 (21) LRS ID# SEP 06 2002
Pursuant to Government Code Section 17561	
ANIMAL ADOPTION	

(01) Claimant Identification Number 9801358			Reimbursement Claim Data	
(02) Claimant Name City of Hayward			(22) AA-1, (04)(A)(1)(g)	
County of Location Alameda County			(23) AA-1, (04)(A)(2)(g)	216
Street Address or P.O. Box 777 "B" Street			(24) AA-1, (04)(A)(3)(g)	11,345
City Hayward	State CA	Zip Code 94541-5007	(25) AA-1, (04)(B)(1)(g)	124,572
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated	<input checked="" type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>
			(26) AA-1, (04)(B)(2)(g)	
			(27) AA-1, (04)(B)(3)(g)	99,787
			(28) AA-1, (04)(B)(4)(g)	1,715
			(29) AA-1, (04)(B)(5)(g)	123,954
Fiscal Year of Cost	(06) 2001-2002	(12) 2000-2001	(30) AA-1, (04)(B)(6)(g)	
Total Claimed Amount	(07) \$100,000 ✓	(13) \$391,674 ✓	(31) AA-1, (04)(B)(7)(g)	9,891
LESS: 10% Late Penalty, not to exceed \$1,000			(14)	(32) AA-1, (04)(B)(8)(g)
LESS: Prior Claim Payment Received			(15)	(33) AA-1, (04)(B)(9)(g)
Net Claimed Amount			(16) \$391,674	(34) AA-1, (04)(B)(10)(g)
Due from State	(08) \$100,000	(17) \$391,674	(35) AA-1, (06)	20
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 752, Statutes of 1998, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 752, Statutes of 1998.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 752, Statutes of 1998 set forth on the attached statements.

Signature of Authorized Officer	Date
<u>Perry H. Carter</u>	<u>9-4-02</u>
Perry H. Carter	Finance Director
Type or Print Name	Title
(38) Name of Contact Person for Claim	Telephone Number 916.485.8102
Nicole R. Zieba (MAXIMUS, Inc.)	E-mail Address nicolezieba@maximus.com

**MANDATED COSTS
ANIMAL ADOPTION
CLAIM SUMMARY**

FORM
AA-1

(01) Claimant: City of Hayward

(02) Fiscal year costs were incurred: 2000-2001

(03) Department: Animal Control

Direct Costs

Object Accounts

(04) Reimbursable Components

A. One-Time Costs

1. Policies and Procedures

2. Training

3. Computer Software

B. Ongoing Costs

1. Acquiring Space/Facilities

2. Renovating Facilities

3. Care of Dogs & Cats

4. Care of Other Animals

5. Holding Period

6. Feral Cats

7. Lost and Found Lists

8. Non-Medical Records

9. Veterinary Care

10. Procuring Equipment

(a) Salaries	(b) Benefits	(c) Materials & Supplies	(d) Contract Services	(e) Travel & Training	(f) Fixed Assets	(g) Total
\$164	\$52					\$216
		\$11,345				\$11,345
\$1,568	\$509	\$122,503				\$124,572
		\$99,787				\$99,787
		\$1,715				\$1,715
\$93,976	\$29,978					\$123,954
\$7,499	\$2,392					\$9,891
\$103,207	\$32,923	\$235,350				\$371,481

(05) Total Direct Costs

Indirect Costs

32,934

(06) Indirect Cost Rate [From ICRP] Salary and Benefits 19.90%

(07) Total Indirect Costs [Line (06)(a) x line(05)(a)] or [(Line(06) x line (05)(a)) + line (05)(b)] \$27,090

(08) Total Direct and Indirect Costs [Line(05)(g) + line(07)] \$398,571

Cost Reduction

(09) Less: Offsetting Savings Dog License Revenue: Total Cost of Service = 10,491; Total Revenue = 17,388 \$6,897

(10) Less: Other Reimbursements

(11) Total Claimed Amount [Line(08) - (Line (09) + Line(10))] \$391,674

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
No activity this fiscal period.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Chameleon Chameleon software system fees and associated necessary computer equipment. <i>Costs claimed herein have not been included within the Indirect Cost Rate Proposal.</i> <i>Applied 3.5% to Pass up to 4/10/00</i>				\$11,345						
(05) Total () Subtotal ()				\$11,345						

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Services Manager Capital costs @ 42.3% In fiscal year 1999-2000, the City of Hayward determined that, due to additional holding period mandates and other associated mandated activities, it would be necessary to expand and construct new facilities to comply with mandated activities. Costs claimed herein represent the pro-rated share of capital construction in the 2000-2001 fiscal year. <i>Please see attached, detailed capital budget for descriptions of activities and expenditures.</i> 2075 eligible euthanized animals/4908 total animals = 42.3%	\$33.37	31.90%	47.00	\$122,503				\$1,568	\$500	\$2,069
(05) Total () Subtotal ()				\$122,503				\$1,568	\$500	\$2,069

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

- One-Time Policies and Procedures Training Computer Software
- Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
- Care of Other Animals Holding Period Feral Cats
- Lost and Found Lists Non-Medical Records Veterinary Care
- Procuring Equipment

(04) Description of Expenses				Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
No activity this fiscal period.										
(05) Total () Subtotal ()				Page: ____ of ____						

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
<p>Care and maintenance of impounded stray or abandoned dogs and cats that die during the increased holding period or are ultimately euthanized.</p> <p>Average Daily Census = 190</p> <p>Total cost per eligible euthanized dog and cat for two additional days of care plus veterinary care for initial physical exam and wellness vaccination = \$48.09</p> <p>Total cost of care and maintenance for 2075 eligible euthanized dogs and cats for two additional holding days = \$99,787</p> <p><i>Please see attached time study and cost summary for detail and documentation.</i></p>				\$99,787						

(05) Total () Subtotal () Page: _____ of _____ **\$99,787**

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time	<input type="checkbox"/> Policies and Procedures	<input type="checkbox"/> Training	<input type="checkbox"/> Computer Software
Ongoing	<input type="checkbox"/> Acquiring Space/Facilities	<input type="checkbox"/> Renovating Facilities	<input type="checkbox"/> Care of Dogs & Cats
	<input checked="" type="checkbox"/> Care of Other Animals	<input type="checkbox"/> Holding Period	<input type="checkbox"/> Feral Cats
	<input type="checkbox"/> Lost and Found Lists	<input type="checkbox"/> Non-Medical Records	<input type="checkbox"/> Veterinary Care
	<input type="checkbox"/> Procuring Equipment		

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Care and maintenance of impounded stray or abandoned animals that die during the increased holding period or are ultimately euthanized. Average Daily Census = 6 4 day holding cost = 21.72 Total number of eligible euthanized animals = 79 Total cost for eligible euthanized animals = \$1,715 <i>Please see attached time study and cost summary for detail and documentation.</i>				\$1,715						
(05) Total () Subtotal ()				\$1,715						

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses Object Accounts

(a) Employee Name, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Animal Care Attendants ✓	\$15.71	31.90%	2928.00					\$45,999	\$14,674	\$60,673
Police Records Clerks ✓	\$17.44	31.90%	1152.00					\$20,091	\$6,409	\$26,500
Senior Animal Control Officer	\$19.03	31.90%	768.00					\$14,615	\$4,662	\$19,277
Sr. Animal Care Attendant	\$17.28	31.90%	768.00					\$13,271	\$4,233	\$17,505
<p>For fiscal year 2000-2001, the Hayward Animal Control department made itself available and open to the public on Saturdays from 12 PM to 6PM to make animals available for owner redemption.</p> <p>The total claimed herein represents the actual time of staff for the year-long eligible period.</p> <p>Every Saturday, there are 7 Animal Care Attendants, 3 Police Records Clerks, 1 Animal Control Officer and 1 Senior Animal Care Attendant that staff the operation. The shelter is extremely busy on the Saturday, many members of the public come to the shelter seeking to adopt and redeem animals. Because of the numbers of people who come, the shelter must have staff on hand to assist the public in adopting and redeeming animals.</p>										

(05) Total () Subtotal () Page: _____ of _____ \$93,976 \$29,978 \$123,954

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

- One-Time Policies and Procedures Training Computer Software
- Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
- Care of Other Animals Holding Period Feral Cats
- Lost and Found Lists Non-Medical Records Veterinary Care
- Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the care and maintenance cost for eligible euthanized dogs and cats.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward**

(02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
Police Records Clerk II (4) The Police Records Clerks II spend approximately 430 hours per year in taking information about lost and found animals via telephone, updating the lost and found lists daily, and providing owners with the names and addresses of other shelters within their vicinity.	\$17.44	31.90%	430.00					\$7,499	\$2,392	\$9,891

(05) Total () Subtotal () Page: _____ of _____

\$7,499 \$2,392 \$9,891

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: City of Hayward

(02) Fiscal year costs were incurred: 2000-2001

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

- One-Time** Policies and Procedures Training Computer Software
- Ongoing** Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats
- Care of Other Animals Holding Period Feral Cats
- Lost and Found Lists Non-Medical Records Veterinary Care
- Procuring Equipment

(04) Description of Expenses

Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the care and maintenance cost for eligible euthanized dogs and cats.										

(05) Total () Subtotal () Page: _____ of _____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
This cost has been claimed as part of the care and maintenance cost for eligible euthanized dogs and cats.										

(05) Total () Subtotal () Page: ____ of ____

**MANDATED COSTS
ANIMAL ADOPTION
COMPONENT/ACTIVITY COSTS DETAIL**

**FORM
AA-2**

(01) Claimant: **City of Hayward** (02) Fiscal year costs were incurred: **2000-2001**

(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

One-Time Policies and Procedures Training Computer Software

Ongoing Acquiring Space/Facilities Renovating Facilities Care of Dogs & Cats

Care of Other Animals Holding Period Feral Cats

Lost and Found Lists Non-Medical Records Veterinary Care

Procuring Equipment

(04) Description of Expenses Object Accounts

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Benefit Rate	(d) Hours Worked or Quantity	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training	(i)		
								Salaries	Benefits	Total Sal. & Ben.
These costs have been claimed under the "Computer Software" portion of this claim.										

(05) Total () Subtotal () Page: _____ of _____

Tab 6

CONTROLLER OF CALIFORNIA

9801358

P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER
CITY OF HAYWARD
777 B STREET
HAYWARD CA 94541

WARRANT AMT: ***153,362.00

PAYEE: TREASURER, CITY OF HAYWARD

FUND NAME: GENERAL FUND

PGM NBR: 00213

ISSUE DATE: 08/10/2006

CLAIM SCHEDULE NBR: MA63803A

REIMBURSEMENT OF STATE MANDATED COSTS

FOR QUESTIONS CALL "SCOTT LARSON 916 324-7870"

ACL : CH 752/98

PROG : ANIMAL ADOPTION CH 752/98

1998/1999 ACTUAL PAYMENT

CLAIMED AMT: 153,362.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

153,362.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

100.000000

PRORATA BALANCE DUE:

.00

APPROVED PAYMENT AMOUNT:

153,362.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

153,362.00

Tab 7

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

9801358

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER
CITY OF HAYWARD
777 B STREET
HAYWARD CA 94541

WARRANT AMT: ***630,730.00

PAYEE: TREASURER, CITY OF HAYWARD
FUND NAME: GENERAL FUND

PGM NBR: 00213

ISSUE DATE: 08/03/2006

CLAIM SCHEDULE NBR: MA63899A

REIMBURSEMENT OF STATE MANDATED COSTS

FOR QUESTIONS CALL "SCOTT LARSON"

ACL : CH 752/98

PROG : ANIMAL ADOPTION CH 752/98

1999/2000 ACTUAL PAYMENT

CLAIMED AMT: 630,730.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

630,730.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

100.000000

PRORATA BALANCE DUE:

.00

APPROVED PAYMENT AMOUNT:

630,730.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

630,730.00

Tab 8

CONTROLLER OF CALIFORNIA

9801358

P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

CITY FINANCE OFFICER
CITY OF HAYWARD
777 B STREET
HAYWARD CA 94541

WARRANT AMT: ***391,674.00

PAYEE: TREASURER, CITY OF HAYWARD

FUND NAME: GENERAL FUND

PGM NBR: 00213

ISSUE DATE: 08/03/2006

CLAIM SCHEDULE NBR: MA63800A

REIMBURSEMENT OF STATE MANDATED COSTS

FOR QUESTIONS CALL "SCOTT LARSON"

ACL : CH 752/98

PROG : ANIMAL ADOPTION CH 752/98

2000/2001 ACTUAL PAYMENT

CLAIMED AMT: 391,674.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

391,674.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

100.000000

PRORATA BALANCE DUE:

.00

APPROVED PAYMENT AMOUNT:

391,674.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

391,674.00

Tab 9



JOHN CHIANG
California State Controller

May 12, 2009

Debra Auker
Finance Director
City of Hayward
777 "B" Street
Hayward, CA 94541-5007

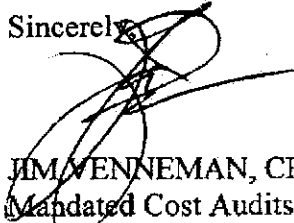
Re: Audit of Mandated Cost Claims for Animal Adoption Program
For the Period of July 1, 1998, through June 30, 2008

Dear Ms. Auker:

This letter confirms that Rosa Gonzalez has scheduled an audit of the City of Hayward's legislatively mandated Animal Adoption Program cost claims filed for fiscal year (FY) 1998-99, FY 1999-2000, FY 2000-01, FY 2001-02, FY 2002-03, FY 2005-06, FY 2006-07, and FY 2007-08 (the legislature suspended the program for FY 2003-04). Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. The entrance conference is scheduled for Monday, June 8, 2009, at 1:30 p.m. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for and provide the necessary records (listed on the Attachment) to the audit staff. If you have any questions, please call me at (916) 322-9887.

Sincerely,



JIM VENNEMAN, CPA, Audit Manager
Mandated Cost Audits Bureau
Division of Audits

JV/sk

Attachment

7426

Debra Auker
May 12, 2009
Page 2

cc: Paul Sanchez, Animal Services Manager
Police Animal Services Department
City of Hayward
Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits, State Controller's Office
Ginny Brummels, Manager
Division of Accounting and Reporting
State Controller's Office
Rosa Gonzalez, Auditor-in-Charge
Division of Audits, State Controller's Office

City of Hayward
Records Request for Mandated Cost Program
FY 1998-99, FY 1999-2000, FY 2000-01, FY 2001-02, FY 2002-03,
FY 2005-06, FY 2006-07, and FY 2007-08 (the legislature suspended the
program for FY 2003-04)

1. Copy of claims filed for the mandated cost program
2. Copy of external and internal audit reports performed on the mandated cost program
3. Organization charts for the city effective during the audit period, showing employee names and position titles
4. Organization charts for the division or units handling the mandated cost program effective during the audit period, showing employee names and position titles
5. Access to chart of accounts
6. Worksheets that support the productive hourly rate used, including support for benefit rates
7. Documentation that supports the indirect cost rate proposal (ICRP)
8. Employee time sheets or time logs
9. Access to payroll records showing employee salaries and benefits paid during the audit period
10. Access to general ledger accounts that support disbursements
11. Documentation that supports amounts received from other funding sources
12. Copies of invoices and other documents necessary to support costs claimed
13. Revenue and expense reports for the animal shelter for all fiscal years under audit
14. Daily animal census data for the number of impounded stray or abandoned dogs/cats and other animals that died during the increased holding period or that were ultimately euthanized
15. Reports that show the total number of animals entered into the facility for each fiscal year under audit

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On June 23, 2016, I served the:

SCO Response to the Request for Additional Information

Incorrect Reduction Claim

Animal Adoption, 11-9811-I-01

Civil Code Sections 1834 and 1846; Food and Agriculture Code Sections 31108, 31752, 31752.5, 31753, 32001, and 32003;

Statutes 1998, Chapter 752 and Statutes 2004, Chapter 313

Fiscal Years: 1998-1999, 1999-2000, 2000-2001, 2001-2002, 2002-2003, 2005-2006, 2006-2007, and 2007-2008

City of Hayward, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on June 23, 2016 at Sacramento, California.



Lorenzo Duran
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 6/22/16

Claim Number: 11-9811-I-01

Matter: Animal Adoption

Claimant: City of Hayward

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

Socorro Aquino, *State Controller's Office*

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522

SAquino@sco.ca.gov

Lacey Baysinger, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254

lbaysinger@sco.ca.gov

Danielle Brandon, Budget Analyst, *Department of Finance*

915 L Street, Sacramento, CA 95814

Phone: (916) 445-3274

danielle.brandon@dof.ca.gov

Allan Burdick,

7525 Myrtle Vista Avenue, Sacramento, CA 95831

Phone: (916) 203-3608

allanburdick@gmail.com

Gwendolyn Carlos, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 323-0706

gcarlos@sco.ca.gov

Annette Chinn, *Cost Recovery Systems, Inc.*

705-2 East Bidwell Street, #294, Folsom, CA 95630

Phone: (916) 939-7901

achinnrcs@aol.com

Dustin Claussen, Acting Finance Director, *City of Hayward*

777 B Street, Hayward, CA 94541-5007
Phone: (510) 583-4014
dustin.claussen@hayward-ca.gov

Marieta Delfin, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-4320
mdelfin@sco.ca.gov

Donna Ferebee, *Department of Finance*

915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
donna.ferebee@dof.ca.gov

Susan Geanacou, *Department of Finance*

915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
susan.geanacou@dof.ca.gov

Dillon Gibbons, *Legislative Representative, California Special Districts Association*

1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
dillong@csda.net

Mary Halterman, *Principal Program Budget Analyst, Department of Finance*

Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Mary.Halterman@dof.ca.gov

Justyn Howard, *Program Budget Manager, Department of Finance*

915 L Street, Sacramento, CA 95814
Phone: (916) 445-1546
justyn.howard@dof.ca.gov

Edward Jewik, *County of Los Angeles*

Auditor-Controller's Office, 500 W. Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-8564
ejewik@auditor.lacounty.gov

Jill Kanemasu, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-9891
jkanemasu@sco.ca.gov

Anne Kato, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-5919
akato@sco.ca.gov

Jay Lal, *State Controller's Office (B-08)*

Division of Accounting & Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0256
JLal@sco.ca.gov

Michelle Mendoza, *MAXIMUS*

17310 Red Hill Avenue, Suite 340, Irvine, CA 95403
Phone: (949) 440-0845
michellemendoza@maximus.com

Andy Nichols, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

Christian Osmena, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
christian.osmena@dof.ca.gov

Arthur Palkowitz, *Artiano Shinoff & Holtz, APC*
2488 Historic Decatur Road, Suite 200, San Diego, CA 92106
Phone: (619) 232-3122
apalkowitz@sashlaw.com

Keith Petersen, *SixTen & Associates*
P.O. Box 340430, Sacramento, CA 95834-0430
Phone: (916) 419-7093
kpbsixten@aol.com

Jai Prasad, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, 4th Floor, San Bernardino, CA 92415-0018
Phone: (909) 386-8854
jai.prasad@atc.sbcounty.gov

Mark Rewolinski, *MAXIMUS*
Claimant Representative
808 Moorefield Park Drive, Suite 205, Richmond, VA 23236
Phone: (949) 440-0845
markrewolinski@maximus.com

Carla Shelton, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 327-6490
carla.shelton@csm.ca.gov

Jim Spano, Chief, Mandated Cost Audits Bureau, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 323-5849
jspano@sco.ca.gov

Dennis Speciale, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
DSpeciale@sco.ca.gov