Jun 14. 2002 10:03AM

State of California COMMISSION ON STATE MANDATES 1414 K Street, Suite 315 Sacramento, CA 95814 (916) 323-3562

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OCT 1 6 2002

COMMISSION ON STATE MANDATES

Claim No.

02-9635802-I-58

INCORRECT REDUCTION CLAIM FORM

Local Agency or School District Submitting Claim

City of Concord

Contact Person

Telephone No.

David Wellhouse

(916) 368-9244

Address

9175 Kiefer Blvd., Suite 121

Representative Organization to be Notified

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to section 17561 of the Government Code. This incorrect reduction claim is filed pursuant to section 17551(b) of the Government Code.

CLAIM IDENTIFICATION: Specify Statute or Executive Order

Fiscal Year*	Amount of the Incorrect Reduction	
1995/96 1996/97	\$2,229 \$974	

*More than one fiscal year may be claimed.

IMPORTANT: PLEASE SEE INSTRUCTIONS AND FILING REQUIREMENTS FOR COMPLETING AN INCORRECT REDUCTION CLAIM ON THE REVERSE SIDE.

Name and Title of Authorized Representative

Telephorie No.

Paul R. Howard

Director of Finance &

(**925**) 671-3192°

Signature of Authorized Representative

Management Services

Date

X

INCORRECT REDUCTION CLAIM OF THE CITY OF CONCORD

Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 Investment Reports

AUTHORITY FOR THE INCORRECT REDUCTION CLAIM

The Commission on State Mandates ("Commission") has the authority pursuant to Government Code, Section 17551(b) to "hear and decide upon a claim by a local agency or school district filed on or after January 1, 1985, that the State Controller's Office ("Controller") has incorrectly reduced payments to the local agency or school district pursuant to paragraph (2) of subdivision (d) of Section 17561." The City of Concord ("City") is a local agency as defined in Government Code, Section 17518.

CLAIM REQUIREMENTS OF THE INCORRECT REDUCTION CLAIM

The following elements and documents of this claim are provided as required by Section 1185 of the California Code of Regulations:

A narrative of the Incorrect Reduction Claim.

A copy of letter(s) if available, from the Controller (Notice of Claim Adjustment) which explains the reason for the disallowance.

A copy of a letter sent by the City to the Controller explaining why the reduced amounts should be restored.

Declaration authenticating all documentary evidence included in this Incorrect Reduction claim.

Copies of the claims filed by the City of Concord.

STATEMENT OF THE ISSUES

The amount claimed by the City of Concord for reimbursement of the costs of the mandate imposed by Chapter 783/95 represents the costs incurred by the City in carrying out the mandated activities. These costs were properly and fairly claimed under the Parameters and Guidelines for Chapter 783, Statutes of 1995 adopted by the COSM as well as the Claiming Instructions prepared by the State Controller's Office. Reimbursement of these costs is required under Article XIIIB, Section 6 of the California Constitution.

The adjustments to the City's reimbursement claims by the Controller's Division of Accounting have no force or effect in law since:

- a) The Controller did not audit the claims or the records of the City of Concord prior to denial of payment to verify the actual amount of the mandated costs, as is required by Government Code, Section 17561(d)(1)(A).
- b) The Controller cannot make a determination in fact or law that the amounts claimed are excessive or unreasonable as required by Government Code, Section 17561(d)(1)(a) because such a determination can only be made following a proper audit, and the Controller did not audit the claims.

- ^c c) The adjustments made by the Controller are not supported by the evidence, and are arbitrary, capricious and contrary to law.
 - d) The State Controller's Office reduced the amount claimed for software costs. This appears to be the case with all claims submitted. The software claimed in many of the claims filed is used solely for the purposes of producing the required report of investments. In the prior filing of Investment Report claims in the Spring of 1991, the State Controller's office allowed the exact costs that are now denied.
 - e) This incorrect reduction claim has been timely filed.
 - f) Because the Controller has enforced and is seeking to enforce its adjustment in contravention to the requirements of Government Code, Section 17561 and the Constitution of the State of California, the burden of proof is upon the Controller to establish a legal basis for its actions. The City has met its burden of going forward on this claim through its compliance with Section 1185, Title 2, California Code of Regulations.

NARRATIVE OF THE INCORRECT REDUCTION CLAIM

The State Controller's Office ("Controller") incorrectly reduced the claims of the City for reimbursement of the City's costs of implementing the requirements of Chapter 783, Statutes of 1995. The Controller alleges that an excessive amount of time was claimed and/or that "costs not mandated" were present within the claim. All of the claims filed by the City complied with the parameters and guidelines and Claiming Instructions No 98-2 for Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996 and are supported by substantial documentation and evidence. However, the Controller's reduction of these claims is arbitrary, capricious, and contrary to law.

BACKGROUND OF THE INVESTMENT REPORT MANDATE

"On March 27, 1997, the Commission determined that the provisions of Government Code section 53646, subdivisions (a), (b) and (e), as added by Chapter 783, Statutes of 1995, and amended by Chapters 156 and 749, Statutes of 1996 imposed a new mandate or higher level of service in an existing program upon local agencies within the meaning of section 6, article XIIIB of the California Constitution and section 17514 of the Government Code by requiring these agencies to perform the following activities:

To render an annual statement of investment policy pursuant to Government Code section 53646, subdivision (a).

To render quarterly reports of investments, as specified, pursuant to Government Code section 53646, subdivisions (b) and (e)."

PARAMETERS AND GUIDELINES

On November 20, 1997 the Commission adopted parameters and guidelines (P's & G's) for Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996. The P's and G's provided that any city, county, school district or special district was eligible to file claims for reimbursement of the costs that they incurred for any period on or after January 1, 1996. These costs were separated into two (2) sections. The first section labeled V (B) (1) in the Commission approved parameters and guidelines was the Statement of Investment Policy. The reimbursable activities listed under this section include "Prepare and submit the annual statement of investment policy, and changes to:

a. The legislative body and any oversight committee for consideration at a public meeting, effective January 1, 1996.

b. The county board of supervisor and any oversight committee for review and approval at a public meeting, effective January 1, 1997.

The second section labeled V(2) (a) and (b) in the Commission approved parameters and guidelines is listed as "Quarterly Report of Investments". This section is broken down into two (2) categories. The first category listed as "Implementation Costs", includes the following reimbursable activity:

(a) "Develop or modify existing policies and procedures for accumulating and compiling data to prepare the quarterly report of investments, as required in section 53646, subdivisions (b)(1), (2), (3) and/or (e)".

The second category listed as "Ongoing Costs", includes the following reimbursable activities:

- (1) "Accumulate and compile data necessary to prepare the quarterly reports of investments, as required in Government Code section 53646, subdivision (b)(1), (2), and (3) and/or (e).
- (2) "Render a quarterly report of investments to the chief executive officer, the internal auditor, and the legislative body of the local agency or school district, as required in Government Code 53646, subdivision (b)(1).

THE CONTROLLER'S CLAIMING INSTRUCTIONS

The Controller issued its original Claiming Instructions for Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996 on January 20, 1998. The reimbursable activities listed in section 6 of Claiming Instructions No. 98-2 are identical to the reimbursable activities in the Commission approved parameters and guidelines detailed above.

THE CITY'S CLAIMS

The City timely filed claims for reimbursement of costs incurred in implementing Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996. All claims were completed in accordance with the Claiming Instructions in effect on the date of the claim. A true and correct copy of the City's claims are attached.

THE CONTROLLER'S NOTICE OF CLAIM ADJUSTMENT

The Controller sent the first remittance advices dated October 12, 1999, to the City indicating that the City's claims had been reduced substantially. These remittance advice merely state that the claims were reduced for "excessive time and/or "costs not mandated" and/or Indirect Cost Calc Incorrect". The Controller's October 12, 1999, Notice of Claim Adjustment did not give any more information about why the claims had been reduced or the basis and methodology used to reduce them. It was determined later that the reduction for "Indirect Cost Calc Incorrect" meant that the total salaries and benefits in which the indirect cost rate was applied were reduced by the State Controller's Office resulting in a new base amount of salaries and benefits determined by the State Controller's Office. This was not a calculation error but rather a change to the claim brought on by the reduction of salaries and benefits costs by the Controller.

THE CITY'S CLAIMS COMPLIED WITH THE CLAIMING INSTRUCTIONS AND PARAMETERS AND GUIDELINES REQUIREMENTS

The City's original claims complied with all requirements for payment under the State Controller's Claiming Instructions No 98-2. The City only claimed time that is allowed under the parameters and guidelines. The Controller arbitrarily reduced the claims of the City without identifying specifically which of the documented

costs or documentation it deemed to be inappropriate and without allowing the City any opportunity to adequately defend these claims due to the lack of information given by the Controller for the reduction of these claims.

THE CITY'S CLAIMS ARE PROPER, REASONABLE AND NOT EXCESSIVE

The City timely filed the reimbursement claims. The claims submitted by the City are for costs identified in the parameters and guidelines as approved by the Commission and the claims comply with Claiming Instructions No 98-2 issued by the Controller. The City complied with all requirements for reimbursements that were stated in both the claiming instructions and the parameter and guidelines. The City's claims were reduced and/or denied in totality because the State Controller's Office determined for some unknown reason and method that "excessive time" and/or "costs not mandated" or the Controller's Office created reason "Indirect Cost Calc Incorrect". The City is entitled to full reimbursement of the claims filed under Chapter 793, Statutes of 1995, and Chapters 156 and 749, Statutes of 1996.

THE STATE CONTROLLER'S OFFICE FAILED TO IDENTIFY SPECIFIC COSTS WHICH ARE INELIGIBLE FOR REIMBURSEMENT AND HAS ARBITRARILY AND INCORRECTLY REDUCED THE CITY'S COSTS

The State Controller's Office is required by law to pay the claims submitted by the City as specified in Government Code, section 17561(d). Adjustments to the claims can only be made following an audit of the claims by the Controller as specified in Government Code, Section 17561(d)(2), The Controller did not truly perform any audit of the City's claims or supporting documents. The Controller did not identify any specific costs that it alleges to be improperly claimed under the amended Parameters and Guidelines and the Controller's own Claiming Instructions. Instead, the Controller ignored the Parameters and Guidelines, the Claiming Instructions, the City's claims, and the supporting documentation and reduced or denied the City's claims based on the Controllers own internal criteria for determining what it would reimburse by substituting an arbitrary percentage of time for preparation of the required Annual Investment Policy, and reduced or abolished the time spent in the accumulation of the data required for the Quarterly Reports of Investment, as well as, the preparation, and review of the required investment report. All software costs were denied stating "costs not mandated" for software used specifically to prepare the required report of investments just as it was used many years earlier in a more primitive form when local agencies were required to submit a monthly report of investments as required by Chapters 1226, Statutes of 1984, and Chapter 1526, Statutes of 1985. The State Controller's Claiming Instruction No 91-8 for the reimbursement of the activities required by these two (2) statues states the following in section 5.4:

Costs to acquire specialized software for compilation of the investment report and cash flow projections are reimbursable. If hardware investment is required, percentage use of this hardware is reimbursed.

In the event that the City discovers additional information or documentation pertinent to this claim is discovered, the City respectfully reserves the right to amend this Incorrect Reduction Claim to include a request for official notice of such information and documentation.

The actions of the Controller were arbitrary and capricious and contrary to law. The Commission on State Mandates should (1) find that the claims submitted by the City of Concord were in compliance with the Parameters and Guidelines approved by the Commission and the Claiming Instruction No 98-2 issued by the State Controller's Office; (2) that the claims were supported by proper documentation, that the costs claimed by the City are all reimbursable pursuant to Article XIIIB, Section 6 of the California Constitution, under the Statement of Decision, Parameters and Guidelines and under the Claiming Instructions No 98-2; and (4) direct the Controller to immediately pay the entire amount of the City's claims.

CERTIFICATION

I certify by my signature below that the statements made in this document are true and correct of my own knowledge, or as to all other matters, I believe them to be true and correct based upon information and belief.

Executed this Optober 11, 2002, at Sacramento, California.

David E. Wellhouse

President

David Wellhouse & Associates, Inc.

CITY OF CONCORD

1950 Parkside Drive

M/S 06

Concord, California 94519-2578

FAX:

(925) 671-3353

Telephone:



CITY COUNCIL
Bill McManigal, Mayor
Mark A. Peterson, Vice Mayor
Helen M. Allen
Laura M. Hoffmeister
Michael A. Pastrick

Lynnet Keihl, City Clerk Thomas Wentling, City Treasurer

Edward R. James, City Manager

(925) 671-3192

June 18, 2002

Ms. Ginny Brummels
Section Manager
Local Reimbursements
State Controller's Office
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

RE: Request to return funds of fiscal year(s) 1995/96, 1996/97,1997/98, and 1998/99 Investment Reports state mandated cost claims incorrectly withheld by the State Controller's Office

Dear Ms. Brummels:

The purpose of this letter is to request the reinstatement of all funds withheld as shown by the Controller's remittance advices and claim adjustment letters for fiscal year(s) 1995/96, 1996/97, 1997/98 and 1998/99 Investment Reports claims filed with the State Controller's Office on May 20, 1998 and January 15, 1999. The letters received from the Controller's Office incorrectly reduced the City's claims stating that the City of Concord had filed for "costs not mandated" and/or "excessive time". This reduction is reminiscent of the denial of cost letters the City received for the Open Meetings Act Claims. In this case the Controller's Office denied significant portions of these claims for similar reasons. These claims were reduced without conducting an audit to determine if in fact they were excessive. The City's Investment Report claims seem to fall into the same category as the prior Open Meetings claim because they apparently were reduced using the same type of audit guidelines used previously by the State Controller and found invalid and contrary to law by the Office of Administrative Law in its written opinion 1999 OAL Determination No. 25 dated October 29, 1999.

The City of Concord formally requests the State Controller's Office return all amounts withheld for the 1995/96, 1996/97, 1997/98 and 1998/99 Investment Reports claims timely filed and delivered to your office on May 20, 1998 and January 15, 1999. The City believes that all costs claimed are appropriate costs under the State Controller's Claiming Instructions and the current Parameters and Guidelines adopted by the Commission on State Mandates.

Thank you in advance for your assistance. Should you have any questions, please call David Wellhouse of David Wellhouse & Associates, Inc. (DWA) at (916) 368-9244. Mr. Wellhouse is the contractor who prepares and files all of the City's state mandated cost claims.

Director of Finance & Management Services

Declaration of Paul R. Howard

Investment Report Claims for the City of Concord

Paul R. Howard makes the following declaration and statement under oath:

I am the Director of Finance and Management Services of Concord, California. I am the custodian of records of the City of Concord's Finance Department.

Attached are true and correct copies of the claims filed by the City of Concord with the State Controller's Office for costs mandated by Chapter 793, Statutes of 1995, Chapter 156, Statutes of 1996, and Chapter 749, Statutes of – 1996- Investment Reports and correspondence including remittance advices and denial letters received by the City of Concord from the State Controller.

The foregoing facts are known to me by my personal knowledge or information or belief and if so required, I could and would testify to the statements made herein.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>June 18</u>, 2002, at Concord, California.

W R. Howard



9807195

99 GCT 18 AM11: 67

CITY OF CONCORD FINANCE DEPARTMENT

KATHLEEN CONNELL CONTROLLER OF THE STATE OF CALIFORNIA DIVISION OF ACCOUNTING AND REPORTING

OCTOBER 12, 1999

CITY FINANCE OFFICER CITY OF CONCORD 1950 PARKSIDE DRIVE CONCORD CA 94519

DEAR CLAIMANT:

RE: INVESTMENT REPORTS CH 783/95

WE HAVE REVIEWED YOUR 1995/1996 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

3,651.00

ADJUSTMENT TO CLAIM:

INDIRECT COSTS OVERSTATED COST NOT MANDATED 1,771.00

LESS: TOTAL ADJUSTMENTS 2,229.00

458.00

CLAIM AMOUNT APPROVED 1,422.00 AMOUNT DUE CLAIMANT 1,422.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LINDA LOHMAN AT (916) 324-0255 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,

CA 94250-5875. THE PAYMENT WILL BE FORTHCOMING WITHIN 30 DAYS.

SINCERELY,

MANAGER

CONTROLLER OF CALIFORNIA 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 CONCORD 1950 PARKSIDE DRIVE CONCORD CA 94519

WARRANT AMT: ****1,422.00

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

ISSUE DATE: 10/14/1999

CLAIM SCHEDULE NBR: MA90419A

REIMBURSEMENT OF STATE MANDATED COSTS QUESTIONS? PLEASE CALL LINDA LOHMAN AT SCO 916-324-0255 ACL: 9999 PROG : INVESTMENT REPORTS CH 783/95 1995/1996 ACTUAL PAYMENT CLAIMED AMT: 3,651.00 TOTAL ADJUSTMENTS: (SEE BELOW) 2,229.00 TOTAL APPROVED CLAIMED AMT: 1.422.00 LESS PRIOR PAYMENTS: •00 PRORATA PERCENT: 100.000000 PRORATA BALANCE DUE: •00 APPROVED PAYMENT AMOUNT: 1,422.00 PAYMENT OFFSETS -NONE **NET PAYMENT AMOUNT:** 1,422.00

CITY OF CONCORD FINANCE DEPARTMENT



9807195

99 NOT 18 AH 11: 57

Marian.

RECEIVED CITY OF CONCORD FINANCE DEPARTMENT

KATHLEEN CONNELL CONTROLLER OF THE STATE OF CALIFORNIA DIVISION OF ACCOUNTING AND REPORTING

OCTOBER 12, 1999

CITY FINANCE OFFICER CITY OF CONCORD 1950 PARKSIDE DRIVE CONCORD CA 94519

DEAR CLAIMANT:

RE: INVESTMENT REPORTS CH 783/95

WE HAVE REVIEWED YOUR 1996/1997 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

3,133.00

ADJUSTMENT TO CLAIM: COST NOT MANDATED

974.00

LESS: TOTAL ADJUSTMENTS - 974.00

CLAIM AMOUNT APPROVED 2,159.00

AMOUNT DUE CLAIMANT \$ 2,159.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LINDA LOHMAN AT (916) 324-0255 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. THE PAYMENT WILL BE FORTHCOMING WITHIN 30 DAYS.

SINCERELY,

JEFF YEE, MANAGER CUNTROLLER OF CALIFORNIA
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 CONCORD 1950 PARKSIDE DRIVE CONCORD CA 94519 WARRANT AMT: ****2,159.00

PAYEE: TREASURER, CITY OF CONCORD

FUND NAME: GENERAL FUND

ISSUE DATE: 10/14/1999

CLAIM SCHEDULE NBR: MA90407A

REIMBURSEMENT OF STATE MANDATED COSTS QUESTIONS PLEASE CALL LINDA LOHMAN AT 916-324-0255 PROG : INVESTMENT REPORTS CH 783/95 ACL : 9999 1996/1997 ACTUAL PAYMENT CLAIMED AMT: 3,133.00 TOTAL ADJUSTMENTS: (SEE BELOW) 974.00 2,159.00 TOTAL APPROVED CLAIMED AMT: .00 LESS PRIOR PAYMENTS: 100.000000 PRORATA PERCENT: .00 PRORATA BALANCE DUE: 2,159.00 APPROVED PAYMENT AMOUNT: PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:
ADJUSTMENTS ITEMIZED:
COST NOT MANDATED 97

974.00-

2,159.00

FINANCE DEPARTMENT

MAY 20, 1998 PAUL R. HOWARD DIRECTOR OF FINANCE & MGMT SVCS. Type or Print Name Title (39) Name of Contact Person for Claim Telephone Number DAVID WELLHOUSE (DWA) (916) 368-9244 Form FAM-27 (New 1/98)

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(03) Reimbursable Component: X Statement of Investmen Quarterly Report of Inve	t Policy	y One box i	per form to i	identify the e	cost being c	laimed			
(04) Description of Expenses: Complete co		:hrough (h)				O !	bject Acco		
(a) Employee Names, Job Classifications , Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Linda Lorenzetti - Deputy Treasurer Ron Howard - Finance Director	\$27.69 \$55.41	27.9% 27.9%		\$221.55 \$277.03	\$61.81 \$77.29				\$283.36 \$354.33
eview of requirements, preparation of required nvestment Policy and submission to legislative ody									
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\$498.58 \$139.10

Subtotal

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of

MANDATED COSTS INVESTMENT REPORTS CLAIM SUMMARY									i Cost Manua M 2
(01) Claimant				al Year cos	sts Were I	ncurred	:	1995/9	6
(03) Reimbursable Component: Statement of Investment X Quarterly Report of Investment	Policy	ly One bo	k per form (to identify th	e cost being	claimed		- ,,	
(04) Description of Expenses: Complete colu	ımns (a) thı	rough (h)			· · · · · · · · · · · · · · · · · · ·	0	bject Acc	ounts	
(a) Employee Names, Job Classifications , Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Linda Lorenzetti - Deputy Treasurer Ron Howard - Finance Director	\$27.69 \$55.41	27.9% 27.9%		\$664.64 \$166.22	\$185.43 \$46.38				\$85 \$21
Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required.		·							
Sym Pro Maintenance & Support on software to produce the required report						\$974.25			,
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(05) Total Subtotal	Page:	of		\$830.86	\$231.81	\$974.25			\$1,063 6 and 749/96

David Wellhouse & Associates, Inc. Indirect Cost Rate Proposal								
Claimant Name	CITY OF CO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Mandate CHAPTER 783/95 & CHAPTERS 156 AND 749/96								
Department FINANCE								
Fiscal Year	1995/96		(p)	(C)	(D)			
			(B) Excludable	(C) Allowable	Allowable			
		Total	Unallowable	Indirect	Direct			
DESCRIPTION OF COSTS ((A)	Costs	Costs	Costs	Costs			
Labor Costs		0.10.444		#40.074	#00.407			
Salaries & Wages Part-time Wages & Ove	rtima	\$40,411 \$3,091		\$10,974	\$29,437 \$3,091			
Benefits	27.9%	\$11,266		\$3,059	\$8,207			
SUBTOTAL:		\$54,768		\$14,033	\$40,735			
Services & Supplies				4.				
1 Office Supplies		\$3,012		\$3,012				
2 Printing Supplies		\$57		\$57				
3 Postage		\$4,094		\$4,094				
4 Small Equipment 5 Meetings & Conference		\$246 \$969		\$246 \$969	•			
6 Other Rentals	. .	\$472		\$472				
7 Equipment Maintenance	e	\$515		\$515				
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Cost Plan or Adjustment 25 Equipment Usage Allov								
26 of Capital Expenditures								
Subtotal								
					#40 70F			
Total Costs		\$64,133	ie:	\$23,398	\$40,735			
		Indirect Cost	Rate	57.44%				
·			<u> </u>	Salaries & Bene	fits			
L				Caldines & Delice				

David Wellhouse & Associates, Inc. Departmental Indirect Costs

Claimant Name CITY OF CONCORD

Department FINANCE Fiscal Year 1995/96

INDIRECT SALARIES

Position or Employee Name	Annual Wages	Departmental Administration	Departme Suppor	ntal t
Accountant II Accountant	\$48,036 \$41,136		10.0% 15.0%	\$4,804 \$6,170
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•				
		15		-

To	tals		- \$8	39,17	2	\$10,974

37	761
PAGE	06/60

LICENSING AND PERMITS

ENERAL-FUND ---- 1-40-310

L310 IME 17:01

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REMAINING BALANCE	28. 76- 28. 76- 63. 48- 17. 13	109. 78- 109. 09- 230. 00 18. 08- 2, 312. 65-	244.500 224.69— 329.69— 100.00 472.47— 	3, 149, 97- 	***************************************
OUTSTANDING ENCUMBRANCE	00:			80, 470. 00 . 00 . 00 . 00 . 00 . 00 . 00	
EXPENDITURES	40,411,45°3, 3,628,76°3, 63,483 2,191,87	5, 226, 75 3, 220, 09 3, 3, 012, 69 3, 012, 69		64, 150, 97 43, 503, 69 11, 278, 51 7, 411, 15 1, 957, 62 00	
GURRENT EXPENDITURES		423.08 423.18 230.87 . 00 13.88 7.50		3, 958. 73 3, 009. 60 867. 42 7, 50 74. 21 000	
BUDGET TOTAL	3, 00000 3, 00000 . 00 . 27.20900	5, 111. 00 2, 995. 00 230. 00 180. 00 700. 00	600.00 600.00 100.00 100.00 80,470.00	141, 471, 00 42, 138, 00 11, 013, 00 6, 700, 00 1, 150, 00 80, 470, 00	The second secon
SPENT	-103p- 100. 9 0. 0 99p-	1000.1 111.1.3 0.0 1110.0	116.9 0.0 161.6 0.0 0.0 147.2	102. 2 103. 2 102. 4 110. 6 170. 2 0. 0	1
BJEGTUMBER ACCOUNT DESCRIPTION	110-00-FULL-TIME 120 00 PART TIME 130 00 DVERTIME 210-00-HEALTH INSURANCE	300000000000000000000000000000000000000	OO POSTAGE. OO SMALL EQU OO MEETINGS -OO DUES AND OO TRAINING OO OTHER REN OOO EQUIPMENT	001-40-310 LICENSING AND PERM 102. 2 UNDIST PROJ BUDGET	The second secon

Sympro, Inc.

INVOICE

INVOICE DATE
INVOICE NO.

SHIP DATE
CUSTOMER NO.

06/03/96 011175 06/03/96 CONCOR

SOLD TO:

City of Concord Finance Department 1950 Parkside Drive Concord, CA 94519

Oakland, CA 94618

(510) 655-0900

Claremont Ave.

SHIPPED TO:

City of Concord 1950 Parkside Drive

Concord, CA 94519

TOTAL

974 25

F.O.B. POINT		ER ORDER NO.	SHIP VIA		TERMS S	PAGE SALESPERSON	OUR ORDER NO.
ITEM NO./ SERIAL NO.	UNIT	ORDERED	QUANTITY BACKORDERED	SHIPPED	UNIT PRICE	EXTEN	011175 DED PRICE
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				Fre Mis	ede Discount eight sc. Charges Total		0.00 0.00 0.00 74.25

ORIGINAL

DAVID WELLHOUSE Form FAM-27 (New 1/98)

(39) Name of Contact Person for Claim

(DWA)

Type or Print Name

DIRECTUR OF FINANCE & MGMT SVCS.

Telephone Number

(916) 368-9244

State Controller's Office Mandated Cost Manual **MANDATED COSTS FORM INVESTMENT REPORTS** INR-I **CLAIM SUMMARY** Fiscal Year: 1996/97 (01) Claimant (02) Type of Claim Reimbursement CITY OF CONCORD **Estimated** Claim Statistics 2 (03) Number of investment reports prepared during the fiscal year (e) (c) Total **Benefits** (04) Reimbursable Components Salaries **Services** Training Fixed and Assets Supplies \$320 \$71 \$249 1. Statement of Investment Policy \$2,042 \$831 \$237 \$974 2. Quarterly Report of Investments \$1,080 \$974 \$2,362 \$308 (05) Total Direct Costs Indirect Costs { From ICRP } 06) Indirect Cost Rate Salaries & Benefits 55.50% (07) Total Indirect Costs \$770 [Line (06) x line (05)(f) - $\{line (05)(d) + (05)(e)\}$] (08) Total Direct and Indirect Costs: [$\{Line (05)(f) + line (07)\}$] \$3.133 Cost Reduction (09) Less: Offsetting Savings, if applicable (10) Less: Other Reimbursements, if applicable (11) Total Claimed Amount [Line (08) - {Line (09) + Line (10)}]

Mandated Cost Manual State Controller's Office MANDATED COSTS **FORM INVESTMENT REPORTS** INR-2 **CLAIM SUMMARY** 1996/97 (01) Claimant (02) Fiscal Year costs were incurred: CITY OF CONCORD (03) Reimbursable Component: Check Only One box per form to identify the cost being claimed **Statement of Investment Policy Quarterly Report of Investments** (04) Description of Expenses: Complete columns (a) through (h) **Object Accounts (f)** (g) (c) (d) (e) Employee Names, Job Classifications, Hourly Benefit Hours Services Training Fixed Total **Functions Performed and Description of Expenses** Rate or Worked or **Salaries** Benefits and Assets Sal. & Ben. Unit Cost Rate Quantity Supplies \$27.69 28.5% 1.0 \$27.69 \$7.89 \$35.59 Linda Lorenzetti - Deputy Treasurer Ron Howard - Finance Director \$55.41 28.5% \$221.63 \$63.16 \$284.79 Review of requirements, preparation of required Investment Policy and submission to legislative body \$71.06 \$320.38 (05) Total Subtotal \$249.32

\$830.86

\$236.80 \$974.25

Subtotal

Page:

\$1,068

David Wellhouse & Associates, Inc. Indirect Cost Rate Proposal

Claimant Name

CITY OF CONCORD

Mandate

CHAPTER 783/95 & CHAPTERS 156 AND 749/96 **FINANCE**

Department Fiscal Year

1006/07

Fiscal Year 1996/97				
	Total	(B) Excludable Unallowable	(C) Allowable Indirect	(D) Allowable Direct
DESCRIPTION OF COSTS (A)	Costs	Costs	Costs	Costs
Labor Costs				
Salaries & Wages	\$42,577		\$10,974	\$31,603
Part-time Wages & Overtime	\$3,327			\$3,327
Benefits 28.5%	\$12,132		\$3,127	\$9,005
SUBTOTAL:	\$58,036		\$14,101	\$43,935
Services & Supplies				
1 Office Supplies	\$3,182		\$3,182	
2 Printing Supplies	\$319		\$319	
3 Postage	\$4,728		\$4,728	
4 Meetings & Conferences	\$602		\$602	
5 Other Rentals	\$393		\$393	
6 Equipment Maintenance	\$508		\$508	
7 Capital Expenditures	\$8,252	\$8,252		
8	•			
9				
10				
11				
12				
13				
14			*	
15				
16				
17				
18		4		• ,
19				
20				
21	-			
22 23				
24				
Subtotal	\$17,984	\$8,252	\$9,732	
Cost Plan or Adjustments Costs	100 may 100000000000 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	manner and annut reasons (1)		
25 Equipment Usage Allowance @ 6.67	¢8.252	·	\$553	
25 Equipment Usage Allowance @ 6.67 26 of Capital Expenditures	\$8,252		φυυυ	
Subtotal	\$8,252		\$553	
Subtotal	40,232		4555	
Total Costs	\$84,272	\$8,252	\$24,386	\$43,935
	Indirect Cost	Rate	55.50%	
		<u> </u>	Salaries & Bene	fitc
		· · · · · · · · · · · · · · · · · · ·	Salaties & Delle	1113

David Wellhouse & Associates, Inc. Departmental Indirect Costs

Claimant Name CITY OF CONCORD

Department FINANCE Fiscal Year 1996/97

INDIRECT SALARIES

Annual Wages	Departmental Administration	Departmental Support				
\$48,036 \$41,136		10.0% \$4,804 15.0% \$6,170				
		-				
·		•				
	,					
	\$48,036	\$48,036 \$41,136				

Totals \$89,172 \$10,974

TOTAL INDIRECT SALARIES

\$10,974

PAGE 21 09/19/1997	"'Budget" Changes	000	000	000	00000	. 00 . 00 . 00 . 00 . 00	80, 470. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 0
	Remaining Balance	2, 130, 09~ 108, 33~ 128, 24~			12.00 533.80- 2,230.66 1,158.69-	900 900 931 900	69, 199, 09 2, 346, 66- 856, 85- 538, 17 333, 57- 72, 218, 00
1997	Oŭtstanding Encumbrance	000	00.	000	00000	000000	000000000000000000000000000000000000000
OF CONCORD 46 JUNE 29, 50, 1997	YTD Expenditures	7 42,577,09, 3, 199, 33	1/11/	3,520,52 00 179,59	3, 182, 80 3, 182, 80 319, 34 4, 728, 69	1 1	76,025.91 00 45,904.66 12,133.85 8,230.83 1,504.57 8,252.00
UNIT 1 — C1TY DI FOR PERIOD ENOING EAR ENDING JUNE PERIOD THROUGH=02	Current Expenditures	3,039.46	183. 60 22. 0¢ 394. 9¢	233, 16 00 11, 89	76. B4- 00. 00. 00.	36. 96 37. 59 37. 59	3, 943, 81 3, 039, 66 845, 72 76, 84 135, 26 00
GOVT BUDGET REPORT FISCAL Y	Budget Total	40, 447, 00 3, 091, 00	2,187,00 336,00 5,254,00		12. 00 2, 649. 00 2, 550. 00 3, 570. 00	von go	. 00 43, 538. 00 11, 277. 00 8, 769. 00 1, 171. 00 80, 470. 00
ETI STI	Spent	105.2 103.5 0.0		113. 0. 113.	1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. → .	52. 3 0. 0 105. 4 107. 5 93. 8 10. 2 0. 0
310 E 09:34 ERAL FUND	ect ber Account Description	0-00 FULL TIME 0 00 PART TIME	OO HEALTH INSURANCE OO DISABALITY INSURANCE	900	WORKER'S OFFICE SU PRINTING POSTAGE	O OO MEELINGS AND CUNFERENCES 1 OO DUES AND MEMBERSHIPS 3 OO OTHER RENTALS O OO EQUIPMENT MAINTENANCE O 30 CAPTOUTLAY COMPUTER SOFTWAR	UNDIST PROJ BUDGET UNDIST PROJ BUDGET FRINGE BENEFITS MATERIALS & SERVICES FIXED CHARGES CAPITAL EXPENDITURES GAPITAL EXPENDITURES GAPITAL EXPENDITURES

Sympro, inc.
5532 Claremont Ave.
0akland, CA 94618
(510) 655-0900

96/97

INVOICE

INVOICE DATE

05/27/97 011445 05/27/97

SHIP DATE CUSTOMER NO.

05/27/97 CONCOR

SOLD TO:

City of Concord Finance Department 1950 Parkside Drive Concord, CA 94519 SHIPPED TO:

City of Concord 1950 Parkside Drive

Concord, CA 94519

						PAGE 1
F.O.B. POINT	CUSTOM	ER ORDER NO.	SHIP VIA		TERMS SA	LESPERSON OUR ORDER NO.
	ANNUAL	MAINT		FARRICE REDUCET	VET 30	COURSE 011445
ITEM NO./ SERIAL NO.	UNIT	ORDERED	QUANTITY BACKORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE
DBFI SUP RENEW Sym Pro Soft ware for the period 3	EACH Fixed l Junly 1	1.00 noome Modu 1997 thro	ile Renewal	Maint. &	90 0. 000 Support	900.00
	·	•				
		, ,		100	40-600	8427
				01-	40760	
					-	
				Tr Fr Mi	les Total ade Discount eight sc. Charges	900.00 0.00 0.00 0.00 74.25
				1	TOTAL	671175

State Controller's Office

(24) INR-I, (04)(2)(f) (25) INR-I, (06) (25) INR-I, (06) (25) INR-I, (06) (25) INR-I, (06) (26) (26) (26) (26) (26) (27) (CLAIM FOR PAYMENT				For State Controller Use Only							
(21) LRS Input	Pursu	ant to	Government	Code Sec	ction 17561	(19)	Program Number	00161				
Claimant Identification Number: Reimbursement Claim Data		INV	ESTMEN	T REPO	ORTS	(20) Date File/						
(22) INR-I, (03)				·		(21)	LRS Input					
T195	(01) Claimant Ide	ntificatio	on Number:			Rei	mbursement Clai	ím Data				
Ty FINANCE OFFICER						(22)	INR-1, (03)					
According to the color of the									2			
City State Zip Code CA						(23)	INR-1, (04)(1)(f)					
25 INR-1, (04)(2)(1) 25 INR-1, (05) 26 26 26 27 27 27 27 27								·	407			
City State Zip Code CA Type of Claim Estimated Claim Reimbursement Claim (27) (03) Estimated X (09) Reimbursement X (28) (04) Combined (10) Combined (29) (05) Amended (11) Amended (30) Cost 1999/00 1998/99 Total Claimed (07) (13) (32) Sess: 10% Late Penalty, but not to exceed \$1000 Less: Estimated Claim Payment (15) (34) Set Claimed Amount (16) (35) Que from State (08) (17) (36) Sequents State (08) (17) (36) Sequents State (18) (37) September 2, 205 Coue to State (18) (37) Coue to State (18) (38) Coue to State						(24)	INR-1, (04)(2)(f)					
City State Zip Code CA Type of Claim Estimated Claim Reimbursement Claim (27) (03) Estimated X (09) Reimbursement X (28) (04) Combined (10) Combined (29) (05) Amended (11) Amended (30) Fiscal Year Of (06) Cost 1999/00 1998/99 Fotal Claimed (07) (13) (32) \$4,000 \$4,579 Less: 10% Late Penalty, but not to exceed \$1000 Less: Estimated Claim Payment (15) (34) Net Claimed Amount (16) (35) S2,205 Due from State (08) (17) (36) \$4,000 \$2,205 Due to State (18) (37) S3,55	NCORD, C	A 945	19						3,102			
City State Zip Code CA		· · -				(25)	INR-1, (06)					
CA Type of Claim Estimated Claim Reimbursement Claim (27) (03) Estimated X (09) Reimbursement X (28) (04) Combined (10) Combined (29) (05) Amended (11) Amended (30) (31) (31) (32) (31) (32) (31) (32) (33) (32) (33) (32) (33) (33) (33) (33) (33) (34) (34) (34) (35) (34) (35) (36) (36) (36) (36) (36) (37) (38) (37) (38) (37) (38) (37) (38) (37) (38) (37) (38) (37) (38) (37) (38) (38) (37) (38) (38) (37) (38) (38) (37) (38) (38) (37) (38) (38) (37) (38) (38) (37) (38) (38) (38) (37) (38) (38) (38) (37) (38) (- · · · · · · · · · · · · · · · · · · ·		48			
Type of Claim	City			State	Zip Code	(26)	-					
(03) Estimated X (09) Reimbursement X (28) (04) Combined (10) Combined (29) (05) Amended (11) Amended (30) Fiscal Year Of (06) Cost 1999/00 1998/99 Total Claimed (07) (13) (32) \$4,000 \$4,579 Less: 10% Late Penalty, but not to exceed \$1000 Less: Estimated Claim Payment (15) (34) Ret Claimed Amount (16) (35) Due from State (08) (17) (36) Succeed \$1000 \$2,205 Due to State (18) (37) Sas) CERTIFICATION OF CLAIM												
(04) Combined (10) Combined (29) (05) Amended (11) Amended (30) Siscal Year Of (06) Cost 1999/00 1998/99 Total Claimed (07) Cost 1999/00 \$4,579 Cost 10% Late Penalty, but not to (14) (33) Exceed \$1000 Cost Estimated Claim Payment (15) Cost 10% Late Penalty, but not to (14) (35) Cost State (08) Cost 1999/00 \$2,205 Coue from State (08) Cost 1999/00 (17) (36) Succeed \$1000 Suc	Type of Claim	Estin	nated Claim	Rei	mbursement Clai	m (27)	-					
(05) Amended (11) Amended (30) Fiscal Year Of (06) (12) (31) Cost 1999/00 1998/99 Fotal Claimed (07) (13) (32) \$4,000 \$4,579 Less: 10% Late Penalty, but not to (14) (33) Exceed \$1000 Less: Estimated Claim Payment (15) \$2,374 Net Claimed Amount (16) (35) Sue from State (08) (17) (36) \$4,000 \$2,205 Due to State (18) (37) Substituted Claim Payment (18) (37) Substituted Claim Payment (18) (36) \$2,205		(03)	Estimated	<u>X</u> (09)	Reimbursement	X (28)						
Siscal Year Of (06)		(04)	Combined	(10)	Combined	(29)						
Total Claimed (07) (13) (32) \$4,000 \$4,579 Less: 10% Late Penalty, but not to (14) (33) Exceed \$1000 Less: Estimated Claim Payment (15) \$2,374 Net Claimed Amount (16) (35) Due from State (08) (17) (36) \$4,000 \$2,205 Due to State (18) (37) Sab CERTIFICATION OF CLAIM		(05)	Amended	(11)	Amended	(30)						
Total Claimed (07) (13) (32) \$4,000 \$4,579 Less: 10% Late Penalty, but not to (14) (33) Exceed \$1000 Less: Estimated Claim Payment (15) \$2,374 Net Claimed Amount (16) (35) Due from State (08) (17) (36) \$4,000 \$2,205 Due to State (18) (37) Sab CERTIFICATION OF CLAIM	iscal Year Of	(06)	· · · ·	(12)		(31)						
\$4,000 \$4,579 Less: 10% Late Penalty, but not to xceed \$1000 Less: Estimated Claim Payment (15) \$2,374 Net Claimed Amount (16) \$2,205 Due from State (08) (17) (36) \$4,000 \$2,205 Due to State (18) (37) 33,55		(4-)	1999/00	(- 7	1998/99	(/			÷ 1			
\$4,000 \$4,579 Less: 10% Late Penalty, but not to xceed \$1000 Less: Estimated Claim Payment (15) \$2,374 Ret Claimed Amount (16) \$2,205 Due from State (08) (17) (36) \$4,000 \$2,205 Due to State (18) (37) 3,555		(07)		(13)		(32)		• .				
Less: 10% Late Penalty, but not to (14) (33) (34) (34) (35) (35) (35) (36) (36) (36) (37) (37) (37) (38) CERTIFICATION OF CLAIM		` ,	\$4,000	. ,	\$4,579	, ,						
Less: Estimated Claim Payment (15) \$2,374 Net Claimed Amount (16) (35) Sue from State (08) (17) (36) Sue to State (18) (37) Sue to State (18) (37) CLAIM		Penalty	, but not to	(14)		(33)		,				
Net Claimed Amount (16) (35) \$2,205 Oue from State (08) (17) (36) \$4,000 \$2,205 Oue to State (18) (37) 3,55	ess: Estimated	l Claim	Payment	(15)	\$2 37/1	(34)						
\$2,205 Oue from State (08) (17) (36) \$4,000 \$2,205 Oue to State (18) (37) 3,55	Vet Claimed Ar	nount		(16)	ΨΕ,57 Τ	(35)	 					
Oue from State (08) (17) (36) \$4,000 \$2,205 Oue to State (18) (37) 3,55	ter olumbed Al	noune		(10)	\$2,205	(55)						
\$4,000 \$2,205 Due to State (18) (37) 3,55	Due from State	(08)		(17)	42,200	(36)						
Oue to State (18) (37) 3,55 38) CERTIFICATION OF CLAIM			\$4,000	(,	\$2,205	(-)		-				
38) CERTIFICATION OF CLAIM	Oue to State		Ψ-15000	(18)	<u> </u>	(37)						
									3,559			
vith the State of California for costs mandated by Chapter 783, Statutes of 1995 and Chapters 156 and 749, Statutes of 1996; and c	Due to State (38) CERTIFIC. In accordance with	ATION	OF CLAIM	(18)	de 17561, I certify tha	(37)	•	•	o file clai			
	inder penalty of pe	rjury th	at I have not vic	lated any o	of the provisions of G	overnmen	t Code Sections 1090) through 1096, inclu	sive.			
nder penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive.	further certify tha	t there	was no applicati	on other th	an from the claiman	t, nor any	grant or payment re	ceived, for reimburs:	ement of			
	osts claimed here	in; and su	uch costs are for	r a new pro	gram or increased le	vel of serv	ices of an existing m	andated by Chapter	783,			
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of	tatutes of 1995, a	nd Chapt	ters 156 and 749	, Statutes	of 1996.							
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783,	he amount for Es	timated	Claim and/or R	eimbursem	ent Claim are hereby	claimed (from the State for pa	ayment of estimated	and/or actu			
nder penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive. further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or activities.	osts for the mand	ated pro	gram of Chapte	r 783, Stat	utes of 1995, Chapter	rs 156 and	749, Statutes of 1996	6 set forth on the att	ached states:			
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996.	ignature of Au	thorize	d-Representa	tive		Date						
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actions of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached states.	MARI	13.12	John J.	-			ADV 1E 2000	•				
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actions of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state of 1996 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state for payment of the attached state for the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state for payment of the attached state for the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of	· IIGEOUS	16	wy									
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actions of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state signature of Authorized Representative Date JANUARY 15, 2000			<i>(J</i>			FISC	AL OFFICER					
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actions of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state of 1996 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state for payment of the attached state for the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state for payment of the attached state for the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of	Type or Print Na	me	-			Title						
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actions of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state of the mandated Representative Date JANUARY 15, 2000 FISCAL OFFICER	39) Name of Cont	act Pers	on for Claim			Telephone	e Number		·			
further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of osts claimed herein; and such costs are for a new program or increased level of services of an existing mandated by Chapter 783, tatutes of 1995, and Chapters 156 and 749, Statutes of 1996. The amount for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actions of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state for payment of the attached state of the mandated program of Chapter 783, Statutes of 1995, Chapters 156 and 749, Statutes of 1996 set forth on the attached state of the mandated Representative Date JANUARY 15, 2000 FISCAL OFFICER	DAVID WEL	LHOU	ISE (DW	Ά)	•	(916) 3	68-9244					

্হিtate Controller's Office			· · · · · · · · · · · · · · · · · · ·		Mandate	ed Cost Manual
1AM	NDATED	COSTS			FOF	RM
INVE	INF	R-1				
CL:	AIM SUM	1MARY				
(01) Claimant		(02) Type	4		Fiscal Year:	1998/99
CITY OF CONCORD			ursement	X		
CITY OF CONCORD		Estim	ated			
Claim Statistics						
(03) Number of investment reports p	repared dur	ing the fisca	ıl year		····	2
						/L
	(a)	(b)	(c)	(d)	(e)	(f)
(04) Reimbursable Components	Salaries	Benefits	Services and	Training	Fixed Assets	Total
¢			Supplies		Assets	
I. Statement of Investment Policy	\$305	\$102				\$407
1. Statement of investment rolley	\$303	\$102			· · · · · · · · · · · · · · · · · · ·	ψτο/
2. Quarterly Report of Investments	\$1,351	\$451	\$1,299			\$3,102
(05) Total Direct Costs	\$1,657	\$553	\$1,299			\$3,509
Indirect Costs						
(06) Indirect Cost Rate		· · · · · · · · · · · · · · · · · · ·	{ From ICR	Pί		
(00) man ecc cosc nace	,		Salaries & E	•		48.39%
(07) Total Indirect Costs						
	[Line (06) x	line (05)(f)	- {line (05)(d) + (05)(e)})]	\$1,069
(08) Total Direct and Indirect Costs:			[{Line (05)(1) + line (0)	7 \1	\$4,579
Cost Reduction			L(Zine (00))	<u>., </u>	•/1	4 33 - 2
(09) Less: Offsetting Savings, if applical	ble		···			
(In) I are Oak and Daily In the second of the						
(10) Less: Other Reimbursements, if a	ррисавіе					
(II) Total Claimed Amount		-			···	
		[Line (08) -	{Line (09) +	· Line (10)}	7	\$4,579

State Controller's Office							,		Cost Manual
	NDAT							FORM	
	PORTS RY					INR-2	!		
(01) Claimant			(02) Fisc	al Year co	osts were	incurred	i:	1998/99)
CITY OF CONCORD									
(03) Reimbursable Component:	Check Onl	y One box	per form to	identify the o	cost being c	laimed		.	
X Statement of Investment Quarterly Report of Inves	_								
(04) Description of Expenses: Complete co	lumns (a) t	hrough (h)				0	oject Acco	unts	
(a) Employee Names, Job Classifications , Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) ^	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Linda Lorenzetti - Deputy Treasurer Ron Howard - Finance Director	\$32.53 \$60.09	33.4% 33.4%	2.0 4.0	\$65.06 \$240.36				•	\$86.79 \$320.63
Review of requirements, preparation of required Investment Policy and submission to legislative body									
									ı
(05) Total Subtotal	Page:	of		\$305.41	\$102.01				\$407.42

MANDATED COSTS INVESTMENT REPORTS CLAIM SUMMARY								FORM INR-2	
(01) Claimant				al Year cos	ts Were I	ncurred:		1998/99)
(03) Reimbursable Component: Statement of Investment X Quarterly Report of Invest	Policy	y One box	per form t	o identify the	e cost being	claimed			. ,
(04) Description of Expenses: Complete colu	mns (a) thr	ough (h)				Oi	bject Acco	ounts	
(a) Employee Names, Job Classifications , Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit % Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Training	(h) Fixed Assets	Total Sal. & Ben.
Linda Lorenzetti - Deputy Treasurer Ron Howard - Finance Director	\$32.53 \$60.09	33.4% 33.4%	36.0 3.0	\$1,171.04 \$180.27	\$39.1.13 \$60.21		:	-	\$1,562 \$240
Accumulating, compiling data necessary to prepare required quarterly reports as well as preparation of the required reports. Also spent time checking reports for accuracy as required.				,					
Sym Pro Maintenance & Support on software to produce the					•	-\$1,299.00			1 1 1
required report									
(05) Total Subtotal New 1/98	Page:	of		\$1,351.31	\$451.34	\$1,299.00	Chaster	9310E 1E410	\$1,803 6 and 749/96

David Wellhouse & Associates,	Inc.
Indirect Cost Rate Proposal	

Claimant Name

CITY OF CONCORD

Mandate

CHAPTER 783, STATUTES OF 1995

Department FINANCE Fiscal Year 1998/99				
- -	Total	(B) Excludable Unallowable	(C) Allowable Indirect	(D) Allowable Direct
DESCRIPTION OF COSTS (A)	Costs	Costs	Costs	Costs
Labor Costs				
Salaries & Wages	\$102,341		\$6,727	\$95,614
Part-time Wages & Overtime Benefits 33.4%	\$5,813		ቀጋ 240	\$5,813
Benefits 33.4% SUBTOTAL:	\$34,217 \$142,371		\$2,249 \$8,976	\$31,968 \$133,395
		-	40 /0:0	7
Services & Supplies 1 Allowable/Includable	\$55,030		\$55,030	
2 Unallowable/Excludable	φ 33, 030		ψ35,030	
3 Capital Expenditures	\$8,196	\$8,196		
4				
5				
6 ⁻ 7			•	
8				
9				
10 11		,		
12				
13				
14				
15			· ,	
16 17				
18				
19				
20				·
21 22				
23	•			
24				
Subtotal	\$63,226	\$8,196	\$55,030	
Cost Plan or Adjustments Costs		'n		
25 Equipment Usage Allowance @ 6.67	\$8,196		\$549	
26 of Capital Expenditures Subtotal	\$8,196		\$549	
·	40/130		<u> </u>	
Total Costs	\$213,793	\$8,196	\$64,555	\$133,395
]	Indirect Cost	Rate	48.39%	
			Salaries & Benef	īts
				

David Wellhouse & Associates, Inc. Departmental Indirect Costs

Claimant Name CIT

CITY OF CONCORD

Mandate

CHAPTER 783, STATUTES OF 1995

Department FINANCE Fiscal Year 1998/99

INDIRECT SALARIES

Position or Employee Name	Annual Wages	Departmental Administration	Departmental Support
Accountant	\$44,844	•	15.0% \$6,727
		.	
*			
:		•	
		**	

Totals \$44,844 \$6,727

TOTAL INDIRECT SALARIES

\$6,727

GL-310 c TIME 09:47

GOVT UNIT 1 - CITY OF CONCORD

BUDGET REPORT FOR PERIOD ENDING JUNE 29, 1999 10/11/1999

PAGE

FISCAL YEAR ENDING JUNE 30, 1999

PAY PERIOD THROUGH-06/30/1999

GENERAL FUND

1-40-210-REVENUE GENERATION

Object		ક	Budget	Current	YTD	Outstanding	Remaining	Budget
Number Account	Description	Spent	Total	Expenditures	Expenditures	Encumbrance	Balance	Changes
	· 				and the second	••		
8110 00 FULL TIN		115.8	88,303.00	9,494.21	102,341,127	.00	14,038.12-	17,138.00-
8120 00 PART TIM		120.8	4,712.00	160.88	5,693.62	.00	981.62-	.00
8130 00 OVERTIME		12.0	1,000.00	.00	1207037	.00	879.97	.00
8210 00 HEALTH I		94.6	9,167.00	743.11	8,672.70	.00	494.30	.00
8215 00 LIFE INS		94.3	483.00	30.21	455.76	.00	27.24	.00
8220 00 DISABILI	TY INSURANCE	95.3	708.00	55.57	675.43	.00	32.57	.00
8225 00 RETIREME	ONT CONTRIBUTION	96.7	16,289.00	1,489.49	15,766.64	.00	522.36	.00
 8230 00 FICA		100.3	8,398.00	752.94	8,428.17	.00	30.17-	.00
8235 00 WORKER'S	COMPENSATION	57.2	387.00	23.56	221.59	.00	165.41	.00
8250 00 FLEX MAN	IAGEMENT	0.0	48.00	.00	.00	.00	48.00	.00
8310 00 SUPPLIES	;	58.8	4,539.00	539.99	2,671.32	.00	1,867.68	.00
8460 00 CONSULTA	NT/CONTRACT SERVICE	0.0	.00	.00	2,107.51	.00	2,107.51-	.00
8510 00 CONFEREN	ICES	122.5	642.00	100.00-	786.46	.00	144.46-	.00
8515 00 STAFF DE	VELOPMENT	274.1	265.00	383.05-	726.45	.00	461.45-	.00
8570 00 PRINTING	}	145.8	2,792.00	.00	4,071.20	.30	1,279.20-	.00
8571 00 POSTAGE/	MAILING	117.8	3,672.00	.00	4,327.26	.00	655.26-	.00
8574 00 TELEPHON	E .	0.0	.00	24.91	398.09	.00	398.09-	.00
8610 00 CAP/OUTL	AY EQUIPMENT	0.0	.00	4,583.83-	412.17.	.00	412.17-	.00
8710 00 FLEET-RE	PLACEMENT	100.0	2,040.00	170.00	2,040.00	.00	.00	.00
8712 00 FLEET-MA	INTENANCE	99.9	313.00	26.08	312.96 /	.00	.04	.00
8720 00 COMPUTER	S/PHONES-REPLACEMEN	100.0	5,454.00	454.50	5,454.00)	CAP .00	.00	.00
8721 00 COMPUTER	S/PHONES-OPERATIONS	100.0	33,807.00	2,817.25	33,807.00 🖌	.00	.00	.00
8730 00 OFFICE E	QUIPMENT-REPLACEMEN	99.9	1,750.00	145.83	1,749.96 €	CA/2 .00	.04	. 90
8740 00 BUILDING	S-REPLACEMENT	100.0	581.00	48.42	581.04	.00 حرکوست	.04-	.00
8741 00 BUILDING	S-OPERATIONS	100.0	3,783.00	315.25	3,783.00	.00	.00	.00
					•			
·								
0001-40-210-	REVENUE GENERATION	108.7	189,133.00	12,225.32	205,603.48	.00	16,470.48-	17,138.00-
·	NDIST PROJ BUDGET	0.0	.00	.00	.00	.00	.00	.00
P	ERSONNEL SALARIES	115.0	94,015.00	9,655.09	108,154.77	.00	14,139.77-	17,138.00-
F	RINGE BENEFITS	96.4	35,480.00	3,094.88	34,220.29	.00	1,259.71	.00
м	ATERIALS & SERVICES	130.1	11,910.00	4,501.98-	15,500.46	.00	3,590.46-	.00
F	IXED CHARGES	99.9	47,728.00	3,977.33	47,727.96	.00	.04	.00
c	APITAL EXPENDITURES	0.0	.00	.00	.00	.00	.00	.00
0	THER FINANCING SRC	0.0	.00	.00	.00	.00	.00	.00

INIVOICE

SymPro, Inc.

SOLD TO:

2200 POW STREET SUITE 1170 EMERYVILLE, CA 94608 (510) 655-0900

3438

City of Concord

Finance Department 1950 Parkside Drive

Concord, CA 94519

INVOICE NO.
SHIP DATE
CUSTOMER NO.
SALES PERSON
PAGE

INVOICE DATE

04/29/98

06/30/98 CONCOR

SHIPPED TO:

City of Concord 1950 Parkside Drive

Concord, CA 94519

1

1200.00

F.O.B. POINT CUSTO	OMER ORDER	RNO.	SHIP VIA		TER	vis		OUR ORDER NO.
OAKLAND	ANNUAL	MAINT.	US	MÂIL	NET	30	COUR	SE 011956
ITEM NO./SERIAL NO.	UNIT	OR	DERED	QUANTITY BACKORDERED	SHIPPED		UNIT PRICE	EXTENDED PRICE
	* 3		17 to g	1.0	Ť.		· :	

DBFI SUP RENEW EACH 1.00 0.00 1.00 120 SymPro Software Fixed Income Module Renewal Maint. & Support FOR THE PERIOD JULY 1, 1998 THROUGH JUNE 30, 1994

1/0×198 0×10-600 8+60.

PAID AUG 2 J. 1998

TOTAL	1299.00
Tax Total	99.00
Misc. Charges	0.00
Freight	0.00
Trade Discount	0.00
Sales Total	1200.00

City of Concord

DATE

08/21/1998 WARRANT NO.

176209

WARRANT STATEMENT

ACCOUNT NO. SUM TYPE P.O. NO. INVOICE NO. **AMOUNT** 0001 40600 1A01 8460-00 98/99MAINT \$1,299.00 ** PAGE TOTAL ** \$1,299.00 TOTAL -\$1,299.00 VENDOR NO. 3438 DATE

PAYEE

SYMPRO

2200 POWELL ST., STE 1170

EMERYVILLE

CA 94608

08/21/1998

WARRANT NO.

176209

PAGE

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FIN-68 JAN 92