



Cost Recovery Systems, Inc.

RECEIVED
June 13, 2019
*Commission on
State Mandates*

June 11, 2019

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

Re: Incorrect Reduction Claim (IRC) 17-0240-01
City of San Marcos: Crime Statistics Reporting for the Department of Justice

Dear Ms. Halsey,

Please accept the following additional information requested in your June 5, 2019, "Second Notice of Incomplete Reduction Claim".

The Commission's Section 5 – AMOUNT OF INCORRECT REDUCTION was not large enough to accommodate entry of a separate line per fiscal year, therefore the last entry was a sum of all the incorrect reductions alleged for fiscal years FY 2006-07 through FY 2011-12 totaling \$160,150.

The individual reductions by fiscal year would be:

FY 2006-07 = \$67,866
FY 2007-08 = \$34,999
FY 2008-09 = \$10,557
FY 2009-10 = \$9,808
FY 2010-11 = \$36,920
FY 2011-12 = no alleged reduction this fiscal year
Total = \$160,150

Also attached are copies of the two missing fiscal year claims – FY 2010-11 and FY 2011-12

Please contact me at (916) 939-7901 with any questions.

Respectfully,

Annette S. Chinn
Consultant Representative
For the City of San Marcos

1. INCORRECT REDUCTION CLAIM TITLE

Crime Statistics Reportis for the DOJ IRC

FY 2001-02 through FY 11-12

2. CLAIMANT INFORMATION

City of San Marcos

Name of Local Agency or School District

Laura Rocha

Claimant Contact

Finance Director

Title

1 Civic Center Drive

Street Address

San Marcos , CA 92069-1699

City, State, Zip

760-744-1050 x3122

Telephone Number

760-744-9520

Fax Number

L.Rocha@san-marcos.net

E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Annette S. Chinn

Claimant Representative Name

President

Title

Cost Recovery Systems, Inc.

Organization

705-2 East Bidwell Street #294

Street Address

Folsom, CA 95630

City, State, Zip

916-939-7901

Telephone Number

916-939-7801

Fax Number

achinnrcs@aol.com

E-Mail Address

For CSM Use Only

Filing Date:

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Please specify the subject statute or executive order that claimant alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.

Ch. 1172, Statutes of 1989;
Ch. 1338, Statutes of 1992.
Ch. 1230, Statutes of 1999,
Ch. 933, Statutes of 1998,
Ch. 626, Statutes of 2000.
Ch. 700, Statutes of 2004

5. AMOUNT OF INCORRECT REDUCTION

Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.

Fiscal Year	Amount of Reduction
2001-02 = \$5,328	
2002-03 = \$45,590	FY 2007-08 = \$34,999
2003-04 = \$41,157	FY 2008-09 = \$10,557
2004-05 = \$55,760	FY 2009-10 = \$36,920
2005-06 = \$64,142	FY 2010-11 = \$36,920
2006-07 = \$67,886	FY 2011-12 = ---
TOTAL: \$372,127.00	

6. NOTICE OF INTENT TO CONSOLIDATE

Please check the box below if there is intent to consolidate this claim.

Yes, this claim is being filed with the intent to consolidate on behalf of other claimants.

Sections 7 through 11 are attached as follows:

7. Written Detailed

Narrative: pages 1 to 20.

8. Documentary Evidence and Declarations:

Exhibit A,B.

9. Claiming Instructions:


Exhibit 1.

10. Final State Audit Report or Other Written Notice of Adjustment:

Exhibit 2.

11. Reimbursement Claims:

Exhibit 3.

Claim for Payment Pursuant to Government Code Section 17561 CRIME STATISTICS REPORTS FOR THE DOJ			For State Controller Use Only	
			(19) Program Number: 00310 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 310
(01) Claimant Identification Number 9837815			(22) FORM (04)1.A(g)	
(02) Claimant Name City of San Marcos Mailing Address 1 Civic Center Drive Street Address or P.O. Box City San Marcos State CA Zip Code 92069			(23) FORM (04)2.A.1(g)	
			(24) FORM (04)2.A.2(g)	
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(25) FORM (04)2.A,3(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(26) FORM (04)2.B.1(g)	49,213
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(27) FORM (04)2.B.2(g)	9,317
(06)	(12) 2010-11	(28) FORM (04)2.C.1(g)		
Fiscal Year of Cost		(29) FORM (04)2.C.2(g)		
Total Claimed	(07)	(13) \$110,329	(30) FORM (04)2.C.3(g)	
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)			(14)	(31) FORM (04)2.D.1(g)
Less: Estimated Claim Payment Received			(15)	(32) FORM (04)2.D.2(g)
Net Claimed Amount		(16) \$110,329	(33) FORM (06)	89
Due from State	(08)	(17) \$110,329	(34) FORM (07)	51,799
Due to State	(09)	(18)	(35) FORM (09)	
			(35) FORM (10)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 783, statutes of 1995, Chapter 156 and 749, Statutes of 1996; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Representative			Date	
			Date Signed <u>1/20/12</u>	
Laura Rocha			Telephone Number (760) 744-1050	
Finance Director			Email Address LRocha@ci.san-marcos.ca.us	
Name of Contact Person for Claim			Telephone Number	E-Mail Address
Annette S. Chinn (CRS)			(916) 939-7901	AChinnCRS@aol.com

**MANDATED COSTS
CRIME STATISTICS REPORTS FOR THE DOJ
CLAIM SUMMARY**

**FORM
1**

(01) Claimant City of San Marcos	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2010-11 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Police
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Direct Costs	Object Accounts
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(04) Reimbursable Components	(a)	(b)	(c & d)	(e)	(f)	(g)
	Salaries	Benefits	Services and Supplies	Fixed Assets	Travel	Total
1. ONE-TIME ACTIVITY						
A. Revise Policies and Procedures						

2. ON-GOING ACTIVITIES

Reimbursable Period: FY 2001-02 through FY 2009-10

A. Homicide Reports (PC 13014)

1. Extract Demographic Information						
2. Monthly Report to DOJ						
3. Verify/provide Additional Explanation						

B. Domestic Violence Related Calls for Assistance (PC 13730)

1. Write Incident Report	\$49,213					\$49,213
2. Review and Edit Report	\$9,317					\$9,317

Reimbursable Period: FY 2004-05 beginning 01/01/05 through FY 2009-10

C. Hate Crime Reports (PC 13023)

1. Extract Information from PD Records						
2. Monthly/ Annual Report to DOJ						
3. Verify/provide Additional Explanation						

Reimbursable Period: FY 2001-02 through FY 2004-05 (ending 12/31/04)

D. Firearm Reports (PC 12031)

1. Extract Information from PD Records						
2. Report to Attorney General						

(05) Total Direct Costs	\$58,530					\$58,530
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Indirect Costs

(06) Indirect Cost Rate (applied to salaries)	(from ICRP) (Applied to Salaries)	88.5%
(07) Total Indirect Costs	Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]	\$51,799
(08) Total Direct and Indirect Costs	Line (05)(d) + line (07)	\$110,329

Cost Reductions

(09) Less: Offsetting Savings, if applicable	
(10) Less: Other Reimbursements, if applicable	

(11) Total Claimed Amount	Line (08)- (line(09) + Line(10))	\$110,329
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**MANDATED COSTS
CRIME STATISTICS REPORTS FOR THE DOJ
CLAIM SUMMARY**

**FORM
AA-2**

(01) Claimant: **City of San Marcos** (02) Fiscal Year Costs Were Incurred: **2010-11**

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

A. One-Time Costs

Policies and Procedures

B. On-Going Costs

- | | | |
|---|---|---|
| <input type="checkbox"/> Homicide Report Demographic Info | <input type="checkbox"/> Hate Crime Extract Info | <input type="checkbox"/> Fire Arm Report extract info |
| <input type="checkbox"/> Homicide Monthly Report to DOJ | <input type="checkbox"/> Hate Crime Report to DOJ | <input type="checkbox"/> Firearm Report to DOJ |
| <input type="checkbox"/> Homicide Additional Info & Explanation | <input type="checkbox"/> Hate Crime Additional Info | |

Domestic Violence - Write Incid. Report Domestic Violence Review & Edit Report

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
<p>Deputy Write & type Domestic Violence Report as required by State Statutes. (309 cases)</p>	\$75.84		648.90	\$49,213					\$49,213
(05) Total			648.90	\$49,213					\$49,213

**MANDATED COSTS
CRIME STATISTICS REPORTS FOR THE DOJ
CLAIM SUMMARY**

**FORM
AA-2**

(01) Claimant: City of San Marcos **(02) Fiscal Year Costs Were Incurred:** 2010-11

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

A. One-Time Costs

Policies and Procedures

B. On-Going Costs

Homicide Report Demographic Info Hate Crime Extract Info Fire Arm Report extract info

Homicide Monthly Report to DOJ Hate Crime Report to DOJ Firearm Report to DOJ

Homicide Additional Info & Explanation Hate Crime Additional Info

Domestic Violence - Write Incid. Report **Domestic Violence Review & Edit Report**

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
Sergeant Review and edit Domestic Violence Reports	\$95.22		97.85	\$9,317					\$9,317
(05) Total			97.85	\$9,317					\$9,317

INDIRECT COST RATE PROPOSAL

San Marcos

Sheriff

Fiscal Year
2010-11

Description of Costs	Total Costs	Excludable Unallowable Costs	Allowable Indirect Costs	Allowable Direct Costs
Salaries & Benefits				
Salaries & Wages	\$10,123,156		\$2,748,910	\$7,374,246
Overtime				
Benefits				
Total	\$10,123,156		\$2,748,910	\$7,374,246
Services & Supplies				
Ancillary Support	\$1,722,064		\$1,722,064	
Supplies	\$278,002		\$278,002	
Vehicles	\$757,621		\$757,621	
Space	\$352,031		\$352,031	
Management Support	\$561,919		\$561,919	
Liability	\$116,968		\$116,968	
Less: Beat Factor Adjustments	-\$8,935		-\$8,935	
Total	\$3,779,670		\$3,779,670	
Capital Expenditures				
Total				
Total Expenditures	\$13,902,826		\$6,528,580	\$7,374,246

Cost Plan Costs				
Total				

Total Alloc. Indirect Costs	\$13,902,826		\$6,528,580	\$7,374,246
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ICRP RATE = 88.5% <i>(Rate is Based on Salaries)</i>
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$$\frac{\$6,528,580}{\$7,374,246} = \frac{\text{Total Allowable Indirect Costs}}{\text{Total Direct Salaries}}$$

Postcard - 4/7/10

ATTACHMENT B
City of San Marcos
 Effective 7/1/10 through 6/30/11
 Draft - Subject to Change

SERVICE CATEGORY	Staff Cost	# of Staff	Unit Factor	Total Net Cost	Notes
Deputy Patrol	\$132,185.50	32.000		4,229,936.09	
Deputy Traffic	\$132,185.50	6.000		793,113.02	
Deputy Motor	\$141,357.17	2.000		282,714.33	
Deputy SPO	\$132,185.50	15.000		1,982,782.54	
Detective	\$138,299.94	5.000		691,499.72	
CSO	\$62,011.99	-		-	
Sergeant	\$171,400.37	7.455		1,277,711.86	
Detective Sgt	\$171,400.37	0.500		85,700.19	
Station Staff				779,698.10	
Subtotal				<u>10,123,155.83</u>	
Ancillary Support				1,722,064.03	
Supply				278,001.66	
Vehicles				757,621.24	
Space				352,031.42	
Management Support				561,919.33	
Liability				116,967.55	
Less: Beat Factor				<u>(8,935.17)</u>	
				3,779,670.05	
Adjustments:	CCCA: Contract City Cooperative Agreement			-	
	TOTAL AMOUNT			<u>\$ 13,902,825.88</u>	
				< \$189,597 >	
				< 1.35% >	
				+ 2% increase - 14,180,882 11/12	
				14,464,500 12/13	

Claim for Payment Pursuant to Government Code Section 17561 CRIME STATISTICS REPORTS FOR THE DOJ			For State Controller Use Only	
			(19) Program Number: 00310 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 310
(01) Claimant Identification Number		9837815	(22) FORM (04)1.A(g)	
(02) Claimant Name		City of San Marcos	(23) FORM (04)2.A.1)(g)	
Mailing Address		1 Civic Center Drive	(24) FORM (04)2.A.2(g)	
Street Address or P.O. Box				
City		San Marcos		
State		CA		
Zip Code		92069		
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated	<input 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"/>
Fiscal Year of Cost	(06)	(12) 2011-12	(25) FORM (04)2.A,3(g)	
Total Claimed	(07)	(13) \$57,929	(26) FORM (04)2.B.1(g)	26,495
Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)		(14)	(27) FORM (04)2.B.2(g)	4,700
Less: Estimated Claim Payment Received		(15)	(28) FORM (04)2.C.1(g)	
Net Claimed Amount		(16) \$57,929	(29) FORM (04)2.C.2(g)	
Due from State	(08)	(17) \$57,929	(30) FORM (04)2.C.3(g)	
Due to State	(09)	(18)	(31) FORM (04)2.D.1(g)	
			(32) FORM (04)2.D.2(g)	
			(33) FORM (06)	86
			(34) FORM (07)	26,734
			(35) FORM (09)	
			(35) FORM (10)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 783, statutes of 1995, Chapter 156 and 749, Statutes of 1996; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Representative			Date	
			Date Signed <u>11/29/13</u>	
Laura Rocha			Telephone Number (760) 744-1050	
Finance Director			Email Address <u>LRocha@ci.san-marcos.ca.us</u>	
Name of Contact Person for Claim		Telephone Number	E-Mail Address	
Annette S. Chinn (CRS)		(916) 939-7901	ACHinnCRS@aol.com	

**MANDATED COSTS
CRIME STATISTICS REPORTS FOR THE DOJ
CLAIM SUMMARY**

**FORM
1**

(01) Claimant City of San Marcos	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2011-12 <small>(see FAM-27 for estimate)</small>
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Claim Statistics

(03) Department	Police
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Direct Costs	Object Accounts					
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(04) Reimbursable Components	(a)	(b)	(c & d)	(e)	(f)	(g)
	Salaries	Benefits	Services and Supplies	Fixed Assets	Travel	Total
1. ONE-TIME ACTIVITY						
A. Revise Policies and Procedures						
2. ON-GOING ACTIVITIES						

Reimbursable Period: FY 2001-02 through FY 2009-10

A. Homicide Reports (PC 13014)

1. Extract Demographic Information						
2. Monthly Report to DOJ						
3. Verify/provide Additional Explanation						

B. Domestic Violence Related Calls for Assistance (PC 13730)

1. Write Incident Report	\$26,495					\$26,495
2. Review and Edit Report	\$4,700					\$4,700

Reimbursable Period: FY 2004-05 beginning 01/01/05 through FY 2009-10

C. Hate Crime Reports (PC 13023)

1. Extract Information from PD Records						
2. Monthly/ Annual Report to DOJ						
3. Verify/provide Additional Explanation						

Reimbursable Period: FY 2001-02 through FY 2004-05 (ending 12/31/04)

D. Firearm Reports (PC 12031)

1. Extract Information from PD Records						
2. Report to Attorney General						

(05) Total Direct Costs	\$31,195					\$31,195
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Indirect Costs

(06) Indirect Cost Rate (applied to salaries)	(from ICRP) (Applied to Salaries)	85.7%
(07) Total Indirect Costs	Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]	\$26,734
(08) Total Direct and Indirect Costs	Line (05)(d) + line (07)	\$57,929

Cost Reductions

(09) Less: Offsetting Savings, if applicable	
(10) Less: Other Reimbursements, if applicable	

(11) Total Claimed Amount	Line (08)- (line(09) + Line(10))	\$57,929
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**MANDATED COSTS
CRIME STATISTICS REPORTS FOR THE DOJ
CLAIM SUMMARY**

**FORM
AA-2**

(01) Claimant: City of San Marcos **(02) Fiscal Year Costs Were Incurred:** 2011-12

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

A. One-Time Costs

Policies and Procedures

B. On-Going Costs

- | | | |
|---|---|---|
| <input type="checkbox"/> Homicide Report Demographic Info | <input type="checkbox"/> Hate Crime Extract Info | <input type="checkbox"/> Fire Arm Report extract info |
| <input type="checkbox"/> Homicide Monthly Report to DOJ | <input type="checkbox"/> Hate Crime Report to DOJ | <input type="checkbox"/> Firearm Report to DOJ |
| <input type="checkbox"/> Homicide Additional Info & Explanation | <input type="checkbox"/> Hate Crime Additional Info | |

Domestic Violence - Write Incid. Report Domestic Violence Review & Edit Report

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
<p>Deputy Write & type Domestic Violence Report as required by State Statutes. (155 cases)</p>	\$79.32		334.03	\$26,495					\$26,495
(05) Total			334.03	\$26,495					\$26,495

**MANDATED COSTS
CRIME STATISTICS REPORTS FOR THE DOJ
CLAIM SUMMARY**

**FORM
AA-2**

(01) Claimant: City of San Marcos **(02) Fiscal Year Costs Were Incurred:** 2011-12

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

A. One-Time Costs

Policies and Procedures

B. On-Going Costs

Homicide Report Demographic Info Hate Crime Extract Info Fire Arm Report extract info

Homicide Monthly Report to DOJ Hate Crime Report to DOJ Firearm Report to DOJ

Homicide Additional Info & Explanation Hate Crime Additional Info

Domestic Violence - Write Incid. Report **Domestic Violence Review & Edit Report**

(04) Description of Expenses: Complete columns (a) through (f)

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
Sergeant Review and edit Domestic Violence Reports	\$98.34		47.79	\$4,700					\$4,700
(05) Total			47.79	\$4,700					\$4,700

INDIRECT COST RATE PROPOSAL

San Marcos

Sheriff

Fiscal Year

2011-12

Description of Costs	Total Costs	Excludable Unallowable Costs	Allowable Indirect Costs	Allowable Direct Costs
Salaries & Benefits				
Salaries & Wages	\$10,559,864		\$2,936,970	\$7,622,894
Overtime				
Benefits				
Total	\$10,559,864		\$2,936,970	\$7,622,894
Services & Supplies				
Ancillary Support	\$1,707,574		\$1,707,574	
Supplies	\$176,932		\$176,932	
Vehicles	\$774,762		\$774,762	
Space	\$298,148		\$298,148	
Management Support	\$532,476		\$532,476	
Liability	\$117,014		\$117,014	
Less: Beat Factor Adjustments	-\$9,742		-\$9,742	
Total	\$3,597,164		\$3,597,164	
Capital Expenditures				
Total				
Total Expenditures	\$14,157,028		\$6,534,134	\$7,622,894

Cost Plan Costs				
Total				

Total Alloc. Indirect Costs	\$14,157,028	\$6,534,134	\$7,622,894
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ICRP RATE = 85.7% <i>(Rate is Based on Salaries)</i>
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$$\frac{\$6,534,134}{\$7,622,894} = \frac{\text{Total Allowable Indirect Costs}}{\text{Total Direct Salaries}}$$

ATTACHMENT B
City of San Marcos
Effective 7/1/11 through 6/30/12
Draft - Subject to Change

SERVICE CATEGORY	Staff Cost	# of Staff	Unit Factor	Total Net Cost	Notes
Deputy Patrol	\$138,249.15	32.000		4,423,972.75	
Deputy Traffic	\$138,249.15	6.000		829,494.89	
Deputy Motor	\$147,843.86	2.000		295,687.71	
Deputy SPO	\$138,249.15	15.000		2,073,737.23	
Defective	\$144,645.62	5.000		723,228.10	
CSO	\$64,694.00	-		-	
Sergeant Patrol	\$178,986.73	2.612		467,557.18	
Sergeant Traffic	\$178,986.73	1.000		178,986.73	
Sergeant Admin	\$178,986.73	0.732		130,965.90	
Sergeant Dedicated	\$178,986.73	3.000		536,960.20	
Detective Sgt	\$178,986.73	0.500		89,493.37	
Station Staff				809,779.79	
Subtotal				<u>10,559,863.86</u>	
Ancillary Support				1,707,574.36	
Supply				176,932.14	
Vehicles				774,762.25	
Space				298,147.95	
Management Support				532,475.71	
Liability				117,013.82	
Less: Beat Factor				<u>(9,742.14)</u>	
				3,597,164.10	
Adjustments:	CCCA: Contract City Cooperative Agreement			-	
	TOTAL AMOUNT			<u><u>\$ 14,157,027.95</u></u>	

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.

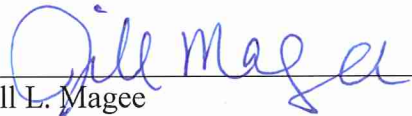
On June 28, 2019, I served the:

- **Claimant's Response to the Second Notice of Incomplete Reduction Claim filed June 13, 2019**

Crime Statistics Reports for the Department of Justice (DOJ), 17-0240-I-01
Penal Code Sections 12025(h)(1), (h)(3), 12031(m)(1), (m)(3), 13014, 13023, and 13730(a); Statutes 1989, Chapter 1172 (SB 202); Statutes 1992, Chapter 1338 (SB 1184); Statutes 1993, Chapter 1230 (AB 2250); Statutes 1998, Chapter 933 (AB 1999); Statutes 1999, Chapter 571 (AB 491); Statutes 2000, Chapter 626 (AB 715)
Penal Code Section 13023; Statutes 2004, Chapter 700 (SB 1234).
Fiscal Years: 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011

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 28, 2019 at Sacramento, California.



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COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 6/26/19

Claim Number: 17-0240-I-01

Matter: Crime Statistics Reports for the Department of Justice

Claimant: City of San Marcos

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.)

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