

**DISBURSEMENT WORKSHEET FOR  
RURAL CUPA REIMBURSEMENT FUNDS  
Fiscal Year 2010-2011**

**CUPA**

CUPA Name \_\_\_\_\_ Certification date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
County \_\_\_\_\_ email \_\_\_\_\_

Total final adopted budget amount for unified program: A \$ \_\_\_\_\_  
*(A copy of the final adopted unified program budget with specifics regarding the budgeted amounts for the CUPA program must be attached. If the budget was not adopted in this manner, call the Unified Program representative below.)*

Using an official County population estimate (*Department of Finance population estimate effective January 1, 2006 or other recognized source effective January 1, 2006*), identify the county population.

- B \_\_\_\_\_
- 1) If B is less than 70,000 persons the requested amount shall not exceed 75% of A.
  - 2) If B is more than 70,000 but less than 100,000 persons the requested amount shall not exceed 50% of A.
  - 3) If B is more than 100,000 but less than 150,000 persons the requested amount shall not exceed 35% of A.

Multiply the adopted budget, A \_\_\_\_\_ times the percent from 1, 2, or 3 above. This will equal the total reimbursement amount based upon the adopted budget.

C \$ \_\_\_\_\_

The total reimbursement amount per county cannot exceed \$60,000. If C does not exceed \$60,000, please write amount in D. If C equals more than \$60,000, please write \$60,000 in D.

D \$ \_\_\_\_\_

Unexpended funds from prior fiscal year:

E \$ \_\_\_\_\_

**Amount Requested from the CUPA Reimbursement Fund:**

\$ \_\_\_\_\_

(Subtract E from D)

**Disbursement should be made to the following person/agency** \_\_\_\_\_

\_\_\_\_\_  
*(mailing address)*

Disbursement will be made after receipt of all pertinent information above.

*I have read the reimbursement guidelines and to the best of my knowledge and belief, data in this application are true and correct. The budget has been duly approved and authorized by the governing board of the applicant CUPA and the CUPA will maintain compliance with Title 27, California Code of Regulations.*

\_\_\_\_\_  
Contact Signature                      Printed Name                      Title                      Date

*Attachments requested: official population estimate, approved unified program budget with authorized signatures, evidence of adoption of single fee system.*

**Return disbursement/worksheet and attachments to: Brittani Donnachie, Grant Coordinator  
Unified Program, Cal/EPA, 1001 I Street, 2<sup>nd</sup> Floor, Sacramento, CA 95814, phone 916.445.6800,  
fax 916.322.5615**

## Reimbursement Guidelines

As of January 1, 2002, a county in which a Certified Unified Program Agency (CUPA) has not been certified on or before January 1, 2000, and where the Unified Program is implemented after that time, is eligible for an allocation of up to \$60,000, pursuant to subdivision (d) of Section 25404.8 California Health and Safety Code (HSC). Any CUPA may apply for the Rural CUPA Reimbursement Account if it meets the following criteria.

### General allocation standards:

- If the county has a population of less than 70,000 persons, the amount of the funds allocated from the account shall not exceed 75 percent of the amount budgeted by the CUPA to implement the unified program.
  - If the county has a population of more than 70,000, but less than 100,000 persons, the amount of the funds allocated from the account shall not exceed 50 percent of the amount budgeted for the CUPA to implement the unified program.
  - If the county has a population of more than 100,000 but less than 150,000 persons, the amount of the funds allocated from the account shall not exceed 35 percent of the amount budgeted for the CUPA to implement the unified program.
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- Each CUPA must institute a single fee system (Section 25404.5), so that the revenues collected under the single fee system and the amount allocated are sufficient to pay the necessary costs incurred by the CUPA in implementing the unified program. Each CUPA must determine the level to be paid by regulated persons under the unified program by conducting a workload analysis that establishes the direct and indirect costs to the CUPA of implementing the unified program.

To receive a disbursement from the Rural Reimbursement Account, a county must provide all of the following to the Unified Program and meet certification requirements:

1. A completed disbursement worksheet for Rural Reimbursement Account funds.
2. CUPAs reapplying for the Rural Reimbursement Account must complete and submit a Year-End Worksheet. This worksheet may be submitted at the same time or prior to application for current year funding.
3. A copy of the final CUPA Budget approved by the Board of Supervisors for fiscal year 2009-2010. This budget should contain a breakdown of the specific CUPA funding. If it does not, please contact Kareem Taylor at (916) 327-9557.
4. CUPAs that are certified after June 2002 must submit evidence of adoption of a Single Fee system and official documentation of population. (*Department of Finance population estimate January 1, 2006 or other recognized source effective January 1, 2006.*  
<http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Estimate/E1/documents/E-1table.xls>

No more than \$60,000 may be allocated for all CUPAs in an eligible county. No disbursement can be distributed until an applicant county is fully certified and has adopted a single fee system.

**For help completing the Disbursement Worksheet or the Year-End Report, please contact Brittani Donnachie at (916) 445.6800 or email [bdonnachie@calepa.ca.gov](mailto:bdonnachie@calepa.ca.gov)**

**RURAL CUPA REIMBURSEMENT FUNDS  
YEAR-END WORKSHEET/REPORT**  
Fiscal Year 2009-2010

THE UNIFIED PROGRAM WILL REVIEW THIS REPORT TO DETERMINE THAT FUNDS WERE EXPENDED IN ACCORDANCE WITH EACH APPROVED BUDGET AND REIMBURSEMENT FOR THE PRECEDING FISCAL YEAR. UNEXPENDED FUNDS WILL BE SUBTRACTED FROM THE NEXT YEARS' REIMBURSEMENT.

**CUPA:**

CUPA Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Email address \_\_\_\_\_  
County \_\_\_\_\_

- 1) Actual CUPA Expenditures of  
Rural Reimbursement Account funds (FY 2009-2010) \$ \_\_\_\_\_  
*(Use detail sheet provided.)*
  
- 2) Reimbursement received \$ \_\_\_\_\_
  
- 3) Subtract 2 from 1 \$(+/-) \_\_\_\_\_

Please check one if results of 3 are negative

- \_\_\_\_ The county intends to refund the difference of the reimbursement to the Unified Program.  
\_\_\_\_ The county intends to carry unexpended funding into the next fiscal year, and will reflect this in the next Rural Reimbursement request.

*The undersigned certifies, under penalty of perjury, that the above information is true and correct.*

\_\_\_\_\_  
Authorized Signature Title Date

**Return this form to: Brittani Donnachie, Grant Coordinator, Unified Program, Cal/EPA, 1001 I Street, 2<sup>nd</sup> Floor, Sacramento, CA 95814, phone 916.445.6800, fax 916.322.5615**

**Attachment to Year-End Worksheet**  
**Actual Expenditures - Detail Sheet**  
Fiscal Year 2009 - 2010

**Fee Accountability Elements**

**Amount**

**Direct Program Expenses**

Equipment Costs

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Staff Costs

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Contract Costs

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**Indirect Program Expenses (Overhead)**

Facility Costs

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Administrative Costs

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Total Expenses

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Total Fee Collected

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