

FINANCIAL AUDIT REPORT TRANSMITTAL

(Include with Financial Audit Report)

The non-profit corporation should complete and submit this form, a Financial Audit Report for the most recent fiscal year and audited cost data to continue receiving an AFDC-FC program rate.

Please submit the documents to:
 California Department of Social Services
 Program and Financial Audits Bureau
 ATTENTION: Financial Audits Unit Manager
 744 P Street, MS 8-13-23
 Sacramento, California 95814

NON-PROFIT CORPORATION NAME	NAME OF EXECUTIVE DIRECTOR, ADMINISTRATOR, CEO
FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)	TITLE OF PERSON LISTED ABOVE
STATE TAX IDENTIFICATION NUMBER	CORPORATE NUMBER
STREET ADDRESS	PROVIDER PHONE NUMBER
MAILING ADDRESS	PROVIDER FAX NUMBER
CITY, STATE AND ZIP CODE	E-MAIL ADDRESS

Financial Audit Report submitted as required. Below are the individual program numbers (e.g., 1234.00.01) for the Residential Based Program(s) covered by the Financial Audit Report:

Please provide information below for the corporation's most recent fiscal year:

Federal Expenditures From All Source	Non-Federal Portion (State, County, Etc.)

Items included:

- _____ Financial Audit Report
- _____ Audited cost data for each program (SR 3, SR 4, THP+FC, SR 3 (RBS), SR 4r (RBS), SR 4c (RBS), and/or FCR 12FFA) with written documentation from independent Certified Public Accountant confirming that the cost data were audited. (Covers same reporting period as Financial Audit Report)

In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that the information on this form is true and correct.

 Printed Name Executive Director or Authorized Board Officer

 Signature of Executive Director or Authorized Board Officer

 Title of Person Listed Above

 Date Signed