Instructions for Completing CDA 189

The Monthly Expenditure Report form (CDA 189) is designed for reporting monthly expenses for the NSIP and Ombudsman Special Funds programs. All reported costs entered into the CDA 189 should be rounded to the nearest dollar.

HEADER SECTION:
Enter the following information:

- Planning and Service Area (PSA) number [assigned two digit contract extension]
- Fiscal Year - State Fiscal Year
- Contract Number will auto-populate once the Fiscal Year and PSA # are entered
- Submission Date - Date the report is being submitted

PART I: NSIP EXPENDITURES
Enter the month and year for which expenditures are being reported. For each column (NSIP C1 and NSIP C2) enter:

- Food Costs paid with NSIP funds

PART II: OMBUDSMAN PHLCPF, SHFCPA, SNFQAF
Enter the month and year for which expenditures are being reported. For each column (Public Health LCPF, SHF Citation Penalty Account, and SNF Quality & Accountability) enter:

- Total Expenditures (Total Costs [Cash & In-Kind] expended during the reporting month)
- Program Income (Program participant contributions applied during the reporting month)
- Other Funds (Local Cash and In-kind applied during the reporting month)
- Contract Expenditures line will auto-calculate (Total Expenditures minus Program Income minus Other Funds = Contract Expenditures)

IMPORTANT NOTES TO REMEMBER:

- NSIP should be 100% advanced and expended by June 30th
- NSIP may only be expended on food for the Elderly Nutrition Program
- NSIP funds are no longer reported in CARS
- Do not include other CDA nutrition funding when reporting NSIP
- Do not include State GF III B or Title VII Ombudsman funds on this form
FOR STATE USE ONLY:
This section is to be completed by CDA staff.

SUBMISSION DUE DATES:
The completed CDA 189 must be sent as an e-mail attachment to the Fiscal Email Address: FiscalTeam@aging.ca.gov and is due by the last business day of each month. Submit Expenditures for the month ended 30 days prior (example: September expenses are due the last business day of October). Signatures of the AAA director and staff are not required.

In your email subject line, please identify your PSA ##, Program, and Current Month Expenditure Report being submitted (Example: PSA 34 NSIP-OMBUDS 09 EXP FY 1819)

Once approved, you will receive a copy of the CDA 189, to include documentation reflecting any CDA adjustments, via email. Please adjust your records to reflect any CDA adjustments.