

## **Instructions for Completing CDA 245**

The HICAP Request for Funds form (CDA 245) is designed for requesting monthly advances or reimbursement for the Health Insurance Counseling and Advocacy Program (HICAP). All requests for funds entered into the CDA 245 should be rounded to the nearest dollar.

### **HEADER SECTION:**

Enter the following information:

- Planning and Service Area (PSA) number [assigned two-digit contract extension]  
Example (HI 2122-##)
  - Remit to Name will auto-populate once the PSA # is entered
- Fiscal Year – State Fiscal Year
  - Contract Number will auto-populate once the PSA # is entered
- Invoice Date – Date the report is being submitted
- Remit to Address – Enter the remit to address, which must be on file with CDA

### **REQUEST FOR FUNDS:**

Enter the month and year for which funds are being advanced or reimbursed. Reconcile Advances with Expenditures reported to determine actual Cash on Hand and estimate Cash need. Enter exact amounts from Contract Expenditures line for each fund. If reporting on Reimbursement Basis the CDA 245 must agree with the amounts reported on the CDA 255. (Example: Sept Exp = Sept RFF)

New: Enter HICAP Augmentation Volunteer Coordinator funding requested in the new column “HICAP AUGMENT”.

### **FOR STATE USE ONLY:**

This section is to be completed by CDA staff.

### **DUE DATES AND SUBMISSION:**

The CDA 245 is due the last business day of each month requesting funds for the month 30 days in the future (Example: October CDA 245 is due August 30). The CDA 255 HICAP Expenditure Report for the month ended 30 days prior must also be included when submitting the CDA 245.

The completed CDA 245 must be sent as an e-mail attachment to the [Local Finance Bureau](mailto:Finance@aging.ca.gov): Finance@aging.ca.gov. Signatures of the AAA director and staff are not required.

In your email subject line, please identify your PSA ##, Program, and Current Month Reports being submitted (Example: PSA 34 HI OCT RFF/JUL EXP FY 2122).

Once approved, you will receive a signed copy of the CDA 245, to include documentation reflecting any CDA adjustments, via email. Please adjust your records to reflect any CDA adjustments.