



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

October 9, 2013

PATH Letter No.: 13-02

TO: COUNTY MENTAL HEALTH DIRECTORS
COUNTY MENTAL HEALTH PROGRAM CHIEFS
COUNTY MENTAL HEALTH FISCAL OFFICERS
(PATH HOMELESS FORMULA GRANT COUNTIES ONLY)

SUBJECT: STATE FISCAL YEAR (SFY) 2012-13 FEDERAL MCKINNEY PROJECTS
FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS GRANT
FINAL ALLOCATION AND COST REPORT

This letter transmits the Final Allocation Worksheet and Cost Report forms for settlement of the SFY 2012-13 Projects for Assistance in Transition from Homelessness (PATH) funds. The Catalog of Federal Domestic Assistance Number 93.150 is applicable when referring to or auditing this grant.

Final Allocation

The Final Allocation is the State Department of Health Care Services (DHCS) approved level of PATH Grant funding for the county.

Counties must incur expenditures before receiving payments from their PATH grant allocation. Payments are based on actual expenditures documented on quarterly expenditure reports, which are due 20 days after each quarter: October 20, January 20, April 20, and July 20. Counties must have all SFY 2012-13 PATH funds expended by June 30, 2014 and will have until June 30, 2014, to submit SFY 2012-13 quarterly expenditure reports.

Final Budget

The Federal Grant Detailed Program Budget (DHCS 1779P) is used as a program control document and is not intended for fiscal audit control. Counties have received an approved budget for each of the programs funded by the PATH Grant. Requests for budget revisions must be submitted and approved before remittance of the final quarterly expenditure report.

Year End Cost Report

The Year End Cost Report and Final Allocation Worksheet are due **December 31, 2014**.

The following forms are required to complete the Year End Cost Report:

- DHCS 1767P, Federal Grant Expenditure Report
- DHCS 1767P-S, Federal Grant Expenditure Report Summary
- DHCS 1784YE, Grant Financial Status Report
- DHCS 1785YE, Grant Cash Transaction Report

Submit one DHCS 1767P for each program and one DHCS 1767P-S as a summary if you have more than one program funded by PATH. The purpose of the DHCS 1784YE and DHCS 1785YE forms are to reflect total PATH and county match expenditures. Please mail your signed cost report and final allocation worksheet to:

Department of Health Care Services
Mental Health Services Division
Grants Management Unit
1500 Capitol Avenue, Suite 72.4.15. MS 2704
Sacramento, CA 95814

Please contact your Grants Management Analyst about any questions you may have, or if you would like more information. To locate the Grants Management Analyst for your county, download the County Analyst Assignment List at the following link:

<http://www.dhcs.ca.gov/services/MH/Pages/PATH.aspx> or email the PATH inbox at PATH@dhcs.ca.gov.

Sincerely,



Gary Renslo, Chief
Fiscal Management and Outcomes Reporting Branch
Mental Health Services Division

Enclosures