City of Oakland
Department of Human Services—Fiscal Services
Request for Funds

Mail signed original hard copy invoices:
Alameda County - Oakland Community Action Partnership
150 Frank H. Ogawa Plaza, Ste. 4340
Oakland CA 94612
Attn: Payment Request

Federal Award# 17F-2002
CFDA # 93.569

Insert the information required for each line - Invoice #, Ending period, Date RFF submitted and your service area.

Invoice # ______ **of 6**
Period Ending: ____________
Date Submitted: ____________
□ **OAKLAND**
□ **ALAMEDA COUNTY**

Grantee: Agency's Name

ATTACH: Expense Documents by Budget Category form(s)

Expense Budget Category	Approved Budget	Current Amount Requested	Previously Requested	Total Requested to Date	Unexpended Budget Balance
Locked 1	**Locked** 2	**Locked** 3	**Locked** 4 (Columns 3 + 4 from previous RFF)	**Locked** 5 (Columns 3 + 4)	**Locked** 6 (Columns 2-5)
A. Personnel	38,500.00	645.46	5,000.00	5,645.46	32,854.54
B. Other Direct Costs	1,500.00	300.00		300.00	1,200.00
C. Consultants					
D. Subcontracts					
E. Program Total	40,000.00	945.46	5,000.00	5,945.46	34,054.54

Insert the current amount requested in each budget category.

Grantee: I certify that the information contained in this request is correct and that the expenditures herein supported by attached payrolls, invoices, and proof of payment, were made in accordance with the conditions of the contract/MOU.

RFF must be signed in blue ink by ED or CFO

____________________	____________________	____________________
APPROVED BY (NAME)	**TITLE**	**DATE**

The Request for Funds document **MUST** be signed in Blue Ink only.

This form was prepared by (please print):

____________________	____________________	____________________
NAME / TITLE	**PHONE**	**EMAIL**

AC-OCAP STAFF ONLY

The above grantee has met the programmatic terms and conditions set forth in the contract/MOU for the month of __________, 20___, payment in the amount of $________ is hereby authorized.

____________________	____________________	____________________
SIGNATURE	TITLE	DATE

REVIEWED BY: _________________ DATE: ____________________

City of Oakland
Department of Human Services — Fiscal Services

Expense Documents by Budget Category

Grantee: Community Services Agency

Budget Category: **Personnel**

Use a separate Expense Document form for each budget category.

Date Paid	Attachment Payroll/Invoice/Bill	Total Amount Requested
7/13/2017 - 7/17/2017	Employment Specialist - Joey Smith	323.94
7/27/2017 - 7/31/2017	Employment Specialist - Joey Smith	321.52
Total		**645.46**

Enter the total requested for each expense.

Total for the budget category (e.g. Personnel).

City of Oakland
Department of Human Services — Fiscal Services

Enter Requisition No.

Expense Documents by Budget Category

Req. No.: 2

Grantee: Community Services Agency

Use a separate Expense Document form for each budget category.

Budget Category: **Other Direct Costs**

Date Paid	Attachment Payroll/Invoice/Bill	Total Amount Requested
6/20/2017	TelePacific- Telephone services	300.00
Total		**300.00**

Enter the total requested for each expense.

Total for the budget category (e.g. Other Direct Costs).

Budget Modification

Agency's Name

Enter date.

Date Submitted: ________

Enter proposed budget noting the reallocation(s).

Set Calculation (Proposed Budget minus Approved Budget).

Enter the approved budget line items and allocation amounts.

	Approved AC-OCAP Budget	Proposed AC-OCAP Budget	Net Change	Budget Justification
A. Personnel				
Case Manager II	10,000.00	13,000.00	3,000.00	
Counselor LCSW	18,000.00	15,000.00	-3,000.00	
Program Coordinator	6,000.00	6,000.00	0.00	
			0.00	
SUBTOTAL	**34,000**	**34,000**	**-**	
B. Other Direct Costs				
General Office Supplies	500.00	500.00	0.00	
Postage	600.00	600.00	0.00	
Telephone/Internet/Communications	600.00	600.00	0.00	
Travel/Transportation	300.00	300.00	0.00	
SUBTOTAL	**2,000**	**2,000**	**-**	
C. Miscellaneous				
SUBTOTAL				
D. Consultants (not to include stipends, grants or subcontractors)				
SUBTOTAL				
E. Subcontracts				
SUBTOTAL				
F. Program Total	**36,000**	**36,000**	**-**	

Provide a brief justification on the re-allocation.

Budget Justification Narrative:

____

Provide a detail narrative summary explaining the reason(s) for the proposed re-allocation(s).

____

____

Date approved: ____________