

Received November 1, 2011 Commission on State Mandates

California State Controller
Division of Accounting and Reporting

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November 1, 2011

Nancy Patton, Interim Executive Director Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

Re:

School District of Choice: Transfers and Appeals, 11-4451-I-05

Chula Vista Elementary School District, Claimant

Statutes 1993, Chapter 160 Fiscal Year 1997-1998

Dear Ms. Patton:

We have reviewed the Incorrect Reduction Claim (IRC) submitted by the Chula Vista Elementary School District on July 29, 2011. Based on this review we have discovered that the IRC was not filed within the timeframe required by the regulations. Pursuant to the California Code of Regulations, Title 2, Section 1185(c), all incorrect reduction claims shall be filed with the Commission no later than three (3) years following the date of the Office of State Controller's final state audit report, letter, remittance advice, or other written notice of adjustment notifying the claimant of a reduction. Our records show that an adjustment letter was sent to the district on January 15, 2002, advising the claimant of the reduction. Attached for your information is a copy of the letter. Therefore, we believe that the IRC could not have been filed after January 15, 2005.

If you have any questions, please contact Dennis Speciale at (916) 324-0254 or e-mail to dspeciale@sco.ca.gov.

Sincerely,

JAY LAL, Manager

Local Reimbursements Section

Attachment

cc:

Richard Chivaro, Chief Counsel, State Controller's Office



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KATHLEEN CONNELL CONTROLLER OF THE STATE OF CALIFORNIA DIVISION OF ACCOUNTING AND REPORTING

JANUARY 15, 2002

BD OF TRUSTEES CHULA VISTA ELEMENTARY SD SAN DIEGO COUNTY 84 EAST J STREET CHULA VISTA CA 91910-6199

DEAR CLAIMANT:

RE: SCH DIST CHOICE CH1262/94

WE HAVE REVIEWED YOUR 1997/1998 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 25,081.00

ADJUSTMENT TO CLAIM:

INDIRECT COSTS OVERSTATED - 1,197.00
INTRADISTRICT COST ADJUSTMENT - 23,884.00

LESS: TOTAL ADJUSTMENTS - 25,081.00

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CLAIM AMOUNT APPROVED 0.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT HIEP PHAM AT (916) 323-2363 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

SINCERELY,

Sinny Brummels

MANAGER