

# SixTen and Associates

## Mandate Reimbursement Services

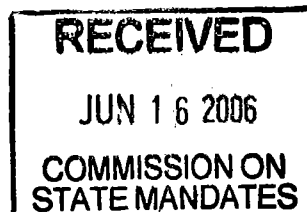
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June 14, 2006

Paula Higashi, Executive Director  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814



RE: Incorrect Reduction Claim of Santa Monica Community College District  
1/84 Health Fee Elimination  
Fiscal Years: 2001-02, and 2002-03

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Santa Monica Community College District.

SixTen and Associates has been appointed by the District as its representative for this matter and all interested parties should direct their inquiries to me, with a copy as follows:

Thomas J. Donner, Executive Vice President  
Business and Administration  
Santa Monica Community College District  
1900 Pico Blvd.  
Santa Monica, CA 90405

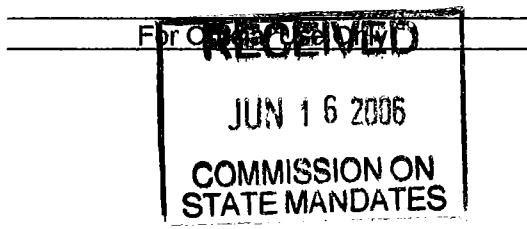
Thank-you.

Sincerely,

A handwritten signature in black ink, appearing to read "KB Petersen".

Keith B. Petersen

State of California  
COMMISSION ON STATE MANDATES  
980 Ninth Street, Suite 300  
Sacramento, CA 95814  
(916) 323-3562  
CSM 2 (12/89)



**INCORRECT REDUCTION CLAIM FORM**

Claim No. 05-4206-E-12

Local Agency or School District Submitting Claim

**SANTA MONICA COMMUNITY COLLEGE DISTRICT**

Contact Person

Telephone Number

Keith B. Petersen, President  
SixTen and Associates  
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Address

Thomas J. Donner, Executive Vice President  
Business and Administration  
Santa Monica Community College District  
1900 Pico Blvd.  
Santa Monica, CA 90405

Representative Organization to be Notified

Telephone Number

Robert Miyashiro, Consultant, Education Mandated Cost Network  
c/o School Services of California  
1121 L Street, Suite 1060  
Sacramento, CA 95814

Voice: 916-446-7517  
Fax: 916-446-2011  
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This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to section 17561 of the Government Code. This incorrect reduction claim is filed pursuant to section 17561(b) of the Government Code.

CLAIM IDENTIFICATION: Specify Statute or Executive Order

**HEALTH FEE ELIMINATION** Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987

<u>Fiscal Year</u>	<u>Amount of the Incorrect Reduction</u>
2001-2002	\$198,795
2002-2003	\$165,612
Total Amount	\$364,407

IMPORTANT: PLEASE SEE INSTRUCTIONS AND FILING REQUIREMENTS FOR COMPLETING AN INCORRECT REDUCTION CLAIM ON THE REVERSE SIDE.

Name and Title of Authorized Representative

Telephone No.

Thomas J. Donner, Executive Vice President

Voice: 310-434-4200  
Fax: 310-434-4386  
E-Mail: DONNER\_THOMAS@smc.edu

Signature of Authorized Representative

Date

X

June 12, 2006

1 Claim Prepared by:  
2 Keith B. Petersen  
3 SixTen and Associates  
4 5252 Balboa Avenue, Suite 807  
5 San Diego, California 92117  
6 Voice: (858) 514-8605  
7 Fax: (858) 514-8645

8

9

BEFORE THE

10

COMMISSION ON STATE MANDATES

11

STATE OF CALIFORNIA

12

13 INCORRECT REDUCTION CLAIM OF: )

14 )

No. CSM \_\_\_\_\_

15 )

16 )

Chapter 1, Statutes of 1984, 2nd E.S.  
Chapter 1118, Statutes of 1987

17 )

18 SANTA MONICA )

19 Community College District, )

Education Code Section 76355

20 )

21 )

Health Fee Elimination

22 Claimant. )

23 )

Annual Reimbursement Claims:

24 )

25 )

Fiscal Year 2001-02

26 )

27 )

Fiscal Year 2002-03

28 \_\_\_\_\_ )

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INCORRECT REDUCTION CLAIM FILING

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PART I. AUTHORITY FOR THE CLAIM

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The Commission on State Mandates has the authority pursuant to Government

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Code Section 17551(d) to " . . . to hear and decide upon a claim by a local agency or

33

school district, filed on or after January 1, 1985, that the Controller has incorrectly

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reduced payments to the local agency or school district pursuant to paragraph (2) of

Incorrect Reduction Claim of Santa Monica Community College District  
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1 subdivision (d) of Section 17561.” Santa Monica Community College District (hereafter  
2 “District”) is a school district as defined in Government Code Section 17519. Title 2,  
3 CCR, Section 1185 (a), requires the claimant to file an incorrect reduction claim with  
4 the Commission.

5 This incorrect reduction claim is timely filed. Title 2, CCR, Section 1185 (b),  
6 requires incorrect reduction claims to be filed no later than three years following the  
7 date of the Controller’s remittance advice notifying the claimant of a reduction. A  
8 Controller’s audit report dated March 17, 2006 (as revised April 19, 2006), has been  
9 issued. The audit report constitutes a demand for repayment and adjudication of the  
10 claims.

11 There is no alternative dispute resolution process available from the Controller’s  
12 office. In response to an audit issued March 10, 2004, Foothill-De Anza Community  
13 College attempted to utilize the informal audit review process established by the  
14 Controller to resolve factual disputes. Foothill-De Anza was notified by the Controller’s  
15 legal counsel by letter of July 15, 2004 (attached as Exhibit “A”), that the Controller’s  
16 informal audit review process was not available for mandate audits and that the proper  
17 forum was the Commission on State Mandates.

18 **PART II. SUMMARY OF THE CLAIM**

19 The Controller conducted a field audit of the District’s annual reimbursement  
20 claims for the costs of complying with the legislatively mandated Health Fee Elimination  
21 program for the period of July 1, 2001 through June 30, 2003. As a result of the audit,

Incorrect Reduction Claim of Santa Monica Community College District  
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1 the Controller determined that \$364,407 of the claimed costs are unallowable:

2	<u>Fiscal</u>	<u>Amount</u>	<u>Audit</u>	<u>SCO</u>	<u>Amount Due</u>
3	<u>Year</u>	<u>Claimed</u>	<u>Adjustment</u>	<u>Payments</u>	<u>&lt;State&gt; District</u>
4					
5	2001-02	\$198,795	\$198,795	\$31,295	<\$31,295>
6	2002-03	<u>\$165,612</u>	<u>\$165,612</u>	<u>\$ 0</u>	<u>\$ 0</u>
7	Totals	\$364,407	\$364,407	\$31,295	<\$31,295>

8 Since the District has been paid \$31,295 for these claims, the audit report concludes  
9 that the entire amount is payable to the state.

10 **PART III. PREVIOUS INCORRECT REDUCTION CLAIMS**

11 The District has not filed any previous incorrect reduction claims for this  
12 mandate program. The District is not aware of any other incorrect reduction claims  
13 having been adjudicated on the specific issues or subject matter raised by this incorrect  
14 reduction claim.

15 **PART IV. BASIS FOR REIMBURSEMENT**

16 1. Mandate Legislation

17 Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, repealed Education  
18 Code Section 72246 which had authorized community college districts to charge a  
19 student health services fee for the purpose of providing student health supervision and  
20 services, direct and indirect medical and hospitalization services, and operation of  
21 student health centers. This statute also required the scope of student health services  
22 for which a community college district charged a fee during the 1983-84 fiscal year be

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1 maintained at that level thereafter. The provisions of this statute were to automatically  
2 repeal on December 31, 1987.

3 Chapter 1118, Statutes of 1987, amended Education Code Section 72246 to  
4 require any community college district that provided student health services in 1986-87  
5 to maintain student health services at that level each fiscal year thereafter.

6 Chapter 8, Statutes of 1993, Section 29, repealed Education Code Section  
7 72246, effective April 15, 1993. Chapter 8, Statutes of 1993, Section 34, added  
8 Education Code Section 76355<sup>1</sup>, containing substantially the same provisions as former

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<sup>1</sup> Education Code Section 76355, added by Chapter 8, Statutes of 1993, Section 34, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995, Section 99:

“(a) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than ten dollars (\$10) for each semester, seven dollars (\$7) for summer school, seven dollars (\$7) for each intersession of at least four weeks, or seven dollars (\$7) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, or both.

The governing board of each community college district may increase this fee by the same percentage increase as the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. Whenever that calculation produces an increase of one dollar (\$1) above the existing fee, the fee may be increased by one dollar (\$1).

(b) If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional.

(c) The governing board of a district maintaining a community college shall adopt rules and regulations that exempt the following students from any fee required pursuant to subdivision (a):

(1) Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.

**Incorrect Reduction Claim of Santa Monica Community College District  
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1 Section 72246, effective April 15, 1993.

2 2. Test Claim

3 On December 2, 1985, Rio Hondo Community College District filed a test claim  
4 alleging that Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, by eliminating the  
5 authority to levy a fee and by requiring a maintenance of effort, mandated increased

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(2) Students who are attending a community college under an approved apprenticeship training program.

(3) Low-income students, including students who demonstrate financial need in accordance with the methodology set forth in federal law or regulation for determining the expected family contribution of students seeking financial aid and students who demonstrate eligibility according to income standards established by the board of governors and contained in Section 58620 of Title 5 of the California Code of Regulations.

(d) All fees collected pursuant to this section shall be deposited in the fund of the district designated by the California Community Colleges Budget and Accounting Manual. These fees shall be expended only to provide health services as specified in regulations adopted by the board of governors.

Authorized expenditures shall not include, among other things, athletic trainers' salaries, athletic insurance, medical supplies for athletics, physical examinations for intercollegiate athletics, ambulance services, the salaries of health professionals for athletic events, any deductible portion of accident claims filed for athletic team members, or any other expense that is not available to all students. No student shall be denied a service supported by student health fees on account of participation in athletic programs.

(e) Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district.

(f) A district that begins charging a health fee may use funds for startup costs from other district funds and may recover all or part of those funds from health fees collected within the first five years following the commencement of charging the fee.

(g) The board of governors shall adopt regulations that generally describe the types of health services included in the health service program."

Incorrect Reduction Claim of Santa Monica Community College District  
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1 costs by mandating a new program or the higher level of service of an existing program  
2 within the meaning of California Constitution Article XIII B, Section 6.

3 On November 20, 1986, the Commission on State Mandates determined that  
4 Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, imposed a new program upon  
5 community college districts by requiring any community college district, which provided  
6 student health services for which it was authorized to charge a fee pursuant to former  
7 Section 72246 in the 1983-1984 fiscal year, to maintain student health services at that  
8 level in the 1984-1985 fiscal year and each fiscal year thereafter.

9 At a hearing on April 27, 1989, the Commission of State Mandates determined  
10 that Chapter 1118, Statutes of 1987, amended this maintenance of effort requirement to  
11 apply to all community college districts which provided student health services in fiscal  
12 year 1986-1987 and required them to maintain that level of student health services in  
13 fiscal year 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On  
16 May 25, 1989, those parameters and guidelines were amended. A copy of the  
17 parameters and guidelines, as amended on May 25, 1989, is attached as Exhibit "B."  
18 So far as is relevant to the issues presented below, the parameters and guidelines  
19 state:

20 "V. REIMBURSABLE COSTS

21 A. Scope of Mandate



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1 Eligible community college districts shall be reimbursed for  
2 the costs of providing a health services program. Only  
3 services provided in 1986-87 fiscal year may be claimed. ...

4 VI. CLAIM PREPARATION

5 B... 3. Allowable Overhead Cost

6 Indirect costs may be claimed in the manner  
7 described by the State Controller in his claiming  
8 instructions.

9 VII. SUPPORTING DATA

10 For auditing purposes, all costs claimed must be traceable to  
11 source documents and/or worksheets that show evidence of the  
12 validity of such costs....

13 VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

14 Any offsetting savings the claimant experiences as a direct result  
15 of this statute must be deducted from the costs claimed. In  
16 addition, reimbursement for this mandate received from any  
17 source, e.g., federal, state, etc., shall be identified and deducted  
18 from this claim. This shall include the amount of \$7.50 per full-time  
19 student per semester, \$5.00 per full-time student for summer  
20 school, or \$5.00 per full-time student per quarter, as authorized by  
21 Education Code section 72246(a). This shall also include  
22 payments (fees) received from individuals other than students who  
23 are not covered by Education Code Section 72246 for health  
24 services. ..."

25 4. Claiming Instructions

26 The Controller has frequently revised claiming instructions for the Health Fee  
27 Elimination mandate. A copy of the September 1997 revision of the claiming  
28 instructions is attached as Exhibit "C." The September 1997 claiming instructions are  
29 believed to be, for the purposes and scope of this incorrect reduction claim,

1 substantially similar to the version extant at the time the claims which are the subject of  
2 this incorrect reduction claim were filed. However, since the Controller's claim forms  
3 and instructions have not been adopted as regulations, they have no force of law, and,  
4 therefore, have no effect on the outcome of this incorrect reduction claim.

5 **PART V. STATE CONTROLLER CLAIM ADJUDICATION**

6 The Controller conducted an audit of the District's annual reimbursement claims  
7 for Fiscal Years 2001-02, and 2002-03. The audit concluded that 100% of the  
8 District's costs, as claimed, are unallowable. A copy of the March 17, 2006 (as revised  
9 on April 19, 2006) audit report and is attached as Exhibit "D."

10 **VI. CLAIMANT'S RESPONSE TO THE STATE CONTROLLER**

11 By letter dated December 19, 2005, the Controller transmitted a copy of its draft  
12 audit report. By letter dated January 4, 2006, the District objected to the proposed  
13 adjustments set forth in the draft audit report. A copy of the District's letter of January  
14 4, 2006 is attached as Exhibit "E." The Controller then issued its final audit report  
15 without change to the adjustments as stated in the draft audit report.

16 **PART VII. STATEMENT OF THE ISSUES**

17 **Finding 1: Overstated indirect cost rates**

18 The Controller asserts that the District overstated its indirect cost rates and  
19 costs in the amount of \$146,966 for the two fiscal years. This finding is based upon the  
20 Controller's statement that "the district did not obtain federal approval for its IRCPs.  
21 We calculated indirect cost rates using the methodology described in the SCO claiming

1 instructions." Contrary to the Controller's ministerial preferences, there is no  
2 requirement in law that the claimant's indirect cost rate must be "federally" approved,  
3 and the Commission has never specified the federal agencies which have the authority  
4 to approve indirect cost rates.

5 CCFS-311

6 In fact, both the District's method and the Controller's method utilized the same  
7 source document, the CCFS-311 annual financial and budget report required by the  
8 state. The difference in the claimed and audited methods is in the determination of  
9 which of those cost elements are direct costs and which are indirect costs. Indeed, the  
10 federally "approved" rates which the Controller will accept without further action, are  
11 "negotiated" rates calculated by a district and then submitted for approval to federal  
12 agencies which are the source of federal programs to which the indirect cost rate is to  
13 be applied, indicating that the process is not an exact science, but a determination of  
14 the relevance and reasonableness of the cost allocation assumptions made for the  
15 method used.

16 Regulatory Requirements

17 No particular indirect cost rate calculation is required by statute. The  
18 parameters and guidelines state that "Indirect costs *may be claimed* in the manner  
19 described by the Controller in his claiming instructions." The District claimed these  
20 indirect costs "in the manner" described by the Controller. The correct forms were used  
21 and the claimed amounts were entered at the correct locations.

1           In the audit report, the Controller asserts that "the specific directions for the  
2 indirect cost rate calculation in the claiming instructions are an extension of *Parameters*  
3 *and Guidelines*." It is not clear what the legal significance of the concept of "extension"  
4 might be, regardless, the reference to the claiming instructions in the parameters and  
5 guidelines does not change "may" into a "shall." Since the Controller's claiming  
6 instructions were never adopted as law, or regulations pursuant to the Administrative  
7 Procedure Act, the claiming instructions are merely a statement of the ministerial  
8 interests of the Controller and not law.

9           Unreasonable or Excessive

10           Government Code Section 17561(d)(2) requires the Controller to pay claims,  
11 provided that the Controller may audit the records of any school district to verify the  
12 actual amount of the mandated costs, and may reduce any claim that the Controller  
13 determines is excessive or unreasonable. The Controller is authorized to reduce a  
14 claim only if the Controller determines the claim to be excessive or unreasonable.  
15 Here, the District has computed its indirect cost rate utilizing cost accounting principles  
16 from the Office of Management and Budget Circular A-21, and the Controller has  
17 disallowed it without a determination of whether the product of the District's calculation  
18 would, or would not, be excessive, unreasonable, or inconsistent with cost accounting  
19 principles.

20           Neither state law nor the parameters and guidelines made compliance with the  
21 Controller's claiming instructions a condition of reimbursement. The District has

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1 followed the parameters and guidelines. The burden of proof is on the Controller to  
2 prove that the District's calculation is unreasonable, not to recalculate the rate  
3 according to its unenforceable ministerial preferences. Therefore, the Controller made  
4 no determination as to whether the method used by the District was unreasonable, but,  
5 merely substituted its FAM-29C method for the method reported by the District. The  
6 substitution of the FAM-29C method is an arbitrary choice of the Controller, not a  
7 "finding" enforceable either by fact or law. The Controller's adjustment of the District's  
8 indirect cost rate should be withdrawn, since no legal or factual basis has been shown  
9 to disallow the indirect cost rate calculation used by the District.

10 **Finding 2: Understated authorized health revenues claimed**

11 The Controller asserts that the "authorized health fee revenues" were  
12 understated by \$538,244 for the two fiscal years. The District reported the actual  
13 student health fees collected as a reduction of health service costs. The adjustments  
14 for the student health services revenue are based on two reasons. First, the Controller  
15 adjusted the reported number of students subject to payment of the health services fee.  
16 Then, the Controller calculated the student fees collectible based on the highest  
17 student health service fee chargeable, rather than the fee actually charged the student,  
18 resulting in a total adjustment of \$538,244 for the two fiscal years.

19 Education Code Section 76355

20 Education Code Section 76355, subdivision (a), in relevant part, provides: "The  
21 governing board of a district maintaining a community college *may require* community

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1 college students to pay a fee . . . for health supervision and services . . .” There is no  
2 requirement that community colleges levy these fees. The permissive nature of the  
3 provision is further illustrated in subdivision (b) which states “*If, pursuant to this*  
4 *Section, a fee is required, the governing board of the district shall decide the amount of*  
5 *the fee, if any, that a part-time student is required to pay. The governing board may*  
6 *decide whether the fee shall be mandatory or optional.*”

7 Parameters and Guidelines

8 This Controller states that the “*Parameters and Guidelines* states that health  
9 fees authorized by the Education Code must be deducted from costs claimed.” The  
10 parameters and guidelines actually state:

11 “Any offsetting savings that the claimant experiences as a direct result of  
12 this statute must be deducted from the costs claimed. In addition,  
13 reimbursement for this mandate received from any source, e.g., federal, state,  
14 etc., shall be identified and deducted from this claim. This shall include the  
15 amount of [student fees] as authorized by Education Code Section 72246(a)<sup>2</sup>.”

16 In order for a district to “experience” these “offsetting savings” a district must actually  
17 have collected these fees. Student health services fees actually collected must be  
18 used to offset costs, but not student fees that could have been collected and were not.  
19 The use of the term “*any offsetting savings*” further illustrates the permissive nature of  
20 the fees.

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<sup>2</sup> Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, Section 29, and was replaced by Education Code Section 76355.

Incorrect Reduction Claim of Santa Monica Community College District  
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1 Government Code Section 17514

2 The Controller relies upon Government Code Section 17514 for the conclusion  
3 that "[t]o the extent community college districts can charge a fee, they are not required  
4 to incur a cost." Government Code Section 17514, as added by Chapter 1459, Statutes  
5 of 1984, actually states:

6 " Costs mandated by the state" means any increased costs which a local  
7 agency or school district is required to incur after July 1, 1980, as a result of any  
8 statute enacted on or after January 1, 1975, or any executive order  
9 implementing any statute enacted on or after January 1, 1975, which mandates  
10 a new program or higher level of service of an existing program within the  
11 meaning of Section 6 of Article XIII B of the California Constitution."

12 There is nothing in the language of the statute regarding the authority to charge a fee,  
13 any nexus of fee revenue to increased cost, nor any language which describes the  
14 legal effect of fees collected.

15 The audit report states that the Controller agrees that community college  
16 districts "may choose not to levy a health service fee" and that Education Code Section  
17 76355 "provides the districts with the authority to levy of such fees." However, it does  
18 not logically follow from that statement to the Controller's conclusion, based on  
19 Government Code Section 17514, that "health service costs recoverable through  
20 authorized fees are not costs that the district is required to incur."

21 Government Code Section 17556

22 The Controller relies upon Government Code Section 17556 for the conclusion  
23 that the "COSM shall not find costs mandated by the State if the district has the

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1 authority to levy fees to pay for the mandated program or increased level of services.”

2 Government Code Section 17556 as last amended by Chapter 589/89 actually states:

3 "The commission shall not find costs mandated by the state, as defined in  
4 Section 17514, in any claim submitted by a local agency or school district, if after  
5 a hearing, the commission finds that: . . .

6 (d) The local agency or school district has the authority to levy service  
7 charges, fees, or assessments sufficient to pay for the mandated program or  
8 increased level of service. . . .”

9 The Controller misrepresents the law. Government Code Section 17556 prohibits the  
10 Commission on State Mandates from finding costs subject to reimbursement, that is,  
11 approving a test claim activity for reimbursement, where there is authority to levy fees  
12 in an amount sufficient to offset the entire mandated costs. Here, the Commission has  
13 already approved the test claim and made a finding of a new program or higher level of  
14 service for which the claimants do not have the ability to levy a fee in an amount  
15 sufficient to offset the entire mandated costs.

16 Student Health Services Fee Amount

17 The Controller asserts that the district should have collected a student health  
18 service fee each semester from non-exempt students in the amount of \$12 and \$9 for  
19 FY 2001-02 and FY 2002-03. Districts receive notice of these fee amounts from the  
20 Chancellor of the California Community Colleges. An example of one such notice is the  
21 letter dated March 5, 2001, attached as Exhibit "F." While Education Code Section  
22 76355 provides for an increase in the student health service fee, it did not grant the  
23 Chancellor the authority to establish mandatory fee amounts or mandatory fee



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1 increases. No state agency was granted that authority by the Education Code, and no  
2 state agency has exercised its rulemaking authority to establish mandatory fees  
3 amounts. It should be noted that the Chancellor's letter properly states that increasing  
4 the amount of the fee is at the option of the district, and that the Chancellor is not  
5 asserting that authority. Therefore, the state cannot rely upon the Chancellor's notice  
6 as a basis to adjust the claim for "collectible" student health services fees.

7 Fees Collected vs. Fees Collectible

8 This issue is one of student health fees revenue actually received, rather than  
9 student health fees which might be collected. The Commission determined, as stated  
10 in the parameters and guidelines, that the student health services fees "experienced"  
11 would reduce the amount subject to reimbursement. Student fees not collected are  
12 student fees not "experienced" and as such should not reduce reimbursement. Further,  
13 the amount "collectible" will never equal actual revenues collected due to changes in  
14 student BOGG eligibility, bad debt accounts, and refunds.

15 Because districts are not required to collect a fee from students for student  
16 health services, and if such a fee is collected, the amount is to be determined by the  
17 District and not the Controller, the Controller's adjustment is without legal basis. What  
18 claimants are required by the parameters and guidelines to do is to reduce the amount  
19 of their claimed costs by the amount of student health services fee revenue actually  
20 received. Therefore, student health fees are merely collectible, they are not  
21 mandatory, and it is inappropriate to reduce claim amounts by revenues not received.

1 The audit finding should be rejected and the annual student health services actually  
2 received used in lieu of a calculated amount potentially collectible either as reported by  
3 the District or the Controller.

4 Enrollment and Exempted Student Statistics

5 The audit report states that the Controller adjusted the reported total student  
6 enrollment based the “enrollment census’ data run” and the reported number of exempt  
7 students based on “the list of ‘BOGG used’ data run.” The Controller has not provided  
8 any factual basis why these different and later data sources, subject to review and  
9 revision after the fact for several years, are preferable to the data reported by the  
10 District which was available at the time the claims were prepared. That is to say, the  
11 Controller does not indicate how and why its determination of the student counts is any  
12 more accurate than the amount reported on the claims.

13 PART VIII. RELIEF REQUESTED

14 The District filed its annual reimbursement claims within the time limits  
15 prescribed by the Government Code. The amounts claimed by the District for  
16 reimbursement of the costs of implementing the program imposed by Chapter 1,  
17 Statutes of 1984, 2nd E.S., Chapter 1118, Statutes of 1987, and Education Code  
18 Section 76355 represent the actual costs incurred by the District to carry out this  
19 program. These costs were properly claimed pursuant to the Commission’s parameters  
20 and guidelines. Reimbursement of these costs is required under Article XIII B, Section  
21 6 of the California Constitution. The Controller denied reimbursement without any

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1 basis in law or fact. The District has met its burden of going forward on this claim by  
2 complying with the requirements of Section 1185, Title 2, California Code of  
3 Regulations. Because the Controller has enforced and is seeking to enforce these  
4 adjustments without benefit of statute or regulation, the burden of proof is now upon the  
5 Controller to establish a legal basis for its actions.

6 The District requests that the Commission make findings of fact and law on each  
7 and every adjustment made by the Controller and each and every procedural and  
8 jurisdictional issue raised in this claim, and order the Controller to correct its audit  
9 report findings therefrom.

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- 21 /


Incorrect Reduction Claim of Santa Monica Community College District  
1/84; 1118/87 Health Fee Elimination

---

1 PART IX. CERTIFICATION

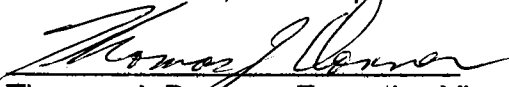
2 By my signature below, I hereby declare, under penalty of perjury under the laws  
3 of the State of California, that the information in this incorrect reduction claim  
4 submission is true and complete to the best of my own knowledge or information or  
5 belief, and that the attached documents are true and correct copies of documents  
6 received from or sent by the state agency which originated the document.

7 Executed on June 12, 2006, at Santa Monica, California, by

8   
9 Thomas J. Donner, Executive Vice President  
10 Business and Administration  
11 Santa Monica Community College District  
12 1900 Pico Blvd.  
13 Santa Monica, CA 90405  
14 Voice: 310-434-4200  
15 Fax: 310-434-4386  
16 E-Mail: DONNER\_THOMAS@smc.edu

17 APPOINTMENT OF REPRESENTATIVE

18 Santa Monica Community College District appoints Keith B. Petersen, SixTen  
19 and Associates, as its representative for this incorrect reduction claim.

20   
21 Thomas J. Donner, Executive Vice President  
22 Business and Administration  
23 Santa Monica Community College District

6/12/06  
Date

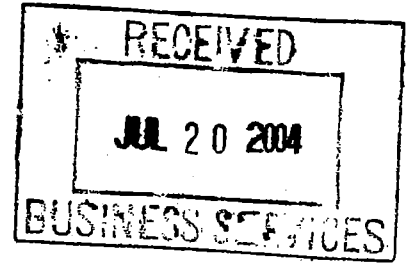
24 Attachments:

25 Exhibit "A" Controller's Legal Counsel's Letter of July 15, 2004  
26 Exhibit "B" Commission Parameters and Guidelines amended May 25, 1989  
27 Exhibit "C" Controller's Claiming Instructions September 1997  
28 Exhibit "D" Controller's Audit Report dated March 17 (April 19), 2006  
29 Exhibit "E" District's Letter dated January 4, 2006  
30 Exhibit "F" Chancellor's Letter dated March 5, 2001





STEVE WESTLY  
California State Controller



July 15, 2004

Mike Brandy, Vice Chancellor  
Foothill-De Anza Community College District  
12345 El Monte Road  
Los Altos, CA 94022

Re: Foothill-De Anza Community College District Audit

Dear Mr. Brandy:

This is in response to your letter to me dated May 13, 2004, concerning the Controller's Audit of the Health Fee claim.

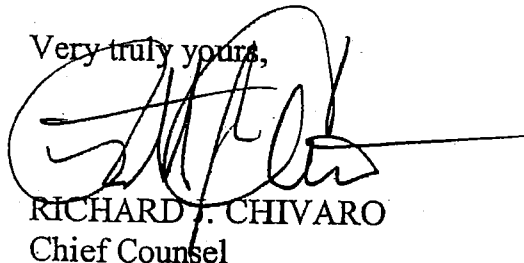
The Controller's informal audit review process was established to resolve factual disputes where no other forum for resolution, other than a judicial proceeding, is available.

The proper forum for resolving issues involving mandated cost programs is through the incorrect reduction process through the Commission on State Mandates. As such, this office will not be scheduling an informal conference for this matter.

However, in light of the concerns expressed in your letter concerning the auditors assigned and the validity of the findings, I am forwarding your letter to Vince Brown, Chief Operating Officer, for his review and response.

If you have any questions you may contact Mr. Vince Brown at (916) 445-2038.

Very truly yours,



RICHARD J. CHIVARO  
Chief Counsel

RJC/st

cc: Vincent P. Brown, Chief Operating Officer, State Controller's Office  
Jeff Brownfield, Chief, Division of Audits, State Controller's Office



Adopted: 8/27/87  
Amended: 5/25/89

PARAMETERS AND GUIDELINES  
Chapter 1, Statutes of 1984, 2nd E.S.  
Chapter 1118, Statutes of 1987  
Health Fee Elimination

I. SUMMARY OF MANDATE

Chapter 1, Statutes of 1984, 2nd E.S. repealed Education Code Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. This statute also required that health services for which a community college district charged a fee during the 1983-84 fiscal year had to be maintained at that level in the 1984-85 fiscal year and every year thereafter. The provisions of this statute would automatically repeal on December 31, 1987, which would reinstate the community colleges districts' authority to charge a health fee as specified.

Chapter 1118, Statutes of 1987, amended Education Code section 72246 to require any community college district that provided health services in 1986-87 to maintain health services at the level provided during the 1986-87 fiscal year in 1987-88 and each fiscal year thereafter.

II. COMMISSION ON STATE MANDATES' DECISION

At its hearing on November 20, 1986, the Commission on State Mandates determined that Chapter 1, Statutes of 1984, 2nd E.S. imposed a "new program" upon community college districts by requiring any community college district which provided health services for which it was authorized to charge a fee pursuant to former Section 72246 in the 1983-84 fiscal year to maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter. This maintenance of effort requirement applies to all community college districts which levied a health services fee in the 1983-84 fiscal year, regardless of the extent to which the health services fees collected offset the actual costs of providing health services at the 1983-84 fiscal year level.

At its hearing of April 27, 1989, the Commission determined that Chapter 1118, Statutes of 1987, amended this maintenance of effort requirement to apply to all community college districts which provided health services in fiscal year 1986-87 and required them to maintain that level in fiscal year 1987-88 and each fiscal year thereafter.

III. ELIGIBLE CLAIMANTS

Community college districts which provided health services in 1986-87 fiscal year and continue to provide the same services as a result of this mandate are eligible to claim reimbursement of those costs.



#### IV. PERIOD OF REIMBURSEMENT

Chapter 1, Statutes of 1984, 2nd E.S., became effective July 1, 1984. Section 17557 of the Government Code states that a test claim must be submitted on or before November 30th following a given fiscal year to establish for that fiscal year. The test claim for this mandate was filed on November 27, 1985; therefore, costs incurred on or after July 1, 1984, are reimbursable. Chapter 1118, Statutes of 1987, became effective January 1, 1988. Title 2, California Code of Regulations, section 1185.3(a) states that a parameters and guidelines amendment filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines; therefore, costs incurred on or after January 1, 1988, for Chapter 1118, Statutes of 1987, are reimbursable.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim if applicable. Pursuant to Section 17561(d)(3) of the Government Code, all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

#### V. REIMBURSABLE COSTS

##### A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services program. Only services provided in 1986-87 fiscal year may be claimed.

##### B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year 1986-87:

##### ACCIDENT REPORTS

##### APPOINTMENTS

- College Physician - Surgeon
- Dermatology, Family Practice, Internal Medicine
- Outside Physician
- Dental Services
- Outside Labs (X-ray, etc.)
- Psychologist, full services
- Cancel/Change Appointments
- R.N.
- Check Appointments

ASSESSMENT, INTERVENTION & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- Other Medical Problems
- CD
- URI
- ENT
- Eye/Vision
- Derm./Allergy
- Gyn/Pregnancy Services
- Neuro
- Ortho
- GU
- Dental
- GI
- Stress Counseling
- Crisis Intervention
- Child Abuse Reporting and Counseling
- Substance Abuse Identification and Counseling
- Aids
- Eating Disorders
- Weight Control
- Personal Hygiene
- Burnout

EXAMINATIONS (Minor Illnesses)

- Recheck Minor Injury

HEALTH TALKS OR FAIRS - INFORMATION

- Sexually Transmitted Disease
- Drugs
- Aids
- Child Abuse
- Birth Control/Family Planning
- Stop Smoking
- Etc.
- Library - videos and cassettes

FIRST AID (Major Emergencies)

FIRST AID (Minor Emergencies)

FIRST AID KITS (Filled)

IMMUNIZATIONS

- Diphtheria/Tetanus
- Measles/Rubella
- Influenza
- Information

INSURANCE

On Campus Accident  
Voluntary  
Insurance Inquiry/Claim Administration

LABORATORY TESTS DONE

Inquiry/Interpretation  
Pap Smears

PHYSICALS

Employees  
Students  
Athletes

MEDICATIONS (dispensed OTC for misc. illnesses)

Antacids  
Antidiarrhial  
Antihistamines  
Aspirin, Tylenol, etc.  
Skin rash preparations  
Misc.  
Eye drops  
Ear drops  
Toothache - Oil cloves  
Stingkill  
Midol - Menstrual Cramps

PARKING CARDS/ELEVATOR KEYS

Tokens  
Return card/key  
Parking inquiry  
Elevator passes  
Temporary handicapped parking permits

REFERRALS TO OUTSIDE AGENCIES

Private Medical Doctor  
Health Department  
Clinic  
Dental  
Counseling Centers  
Crisis Centers  
Transitional Living Facilities (Battered/Homeless Women)  
Family Planning Facilities  
Other Health Agencies

TESTS

Blood Pressure  
Hearing  
Tuberculosis  
Reading  
Information  
Vision  
Glucometer  
Urinalysis

Hemoglobin  
E.K.G.  
Strep A testing  
P.G. testing  
Monospot  
Hemacult  
Misc.

MISCELLANEOUS

Absence Excuses/PE Waiver  
Allergy Injections  
Band-aids  
Booklets/Pamphlets  
Dressing Change  
Rest  
Suture Removal  
Temperature  
Weigh  
Misc.  
Information  
Report/Form  
Wart Removal

COMMITTEES

Safety  
Environmental  
Disaster Planning

SAFETY DATA SHEETS

Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

BODY FAT MEASUREMENTS

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

WORKSHOPS

Test Anxiety  
Stress Management  
Communication Skills  
Weight Loss  
Assertiveness Skills

## VI. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a list of each item for which reimbursement is claimed under this mandate.

### A. Description of Activity

1. Show the total number of full-time students enrolled per semester/quarter.
2. Show the total number of full-time students enrolled in the summer program.
3. Show the total number of part-time students enrolled per semester/quarter.
4. Show the total number of part-time students enrolled in the summer program.

### B. Actual Costs of Claim Year for Providing 1986-87 Fiscal Year Program Level of Service

Claimed costs should be supported by the following information:

#### 1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

#### 2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

#### 3. Allowable Overhead Cost

Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions.

## VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 1986-87 program to substantiate a maintenance of effort. These documents must be kept on file by the agency submitting the claim for a period of no

less than three years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of \$7.50 per full-time student per semester, \$5.00 per full-time student for summer school, or \$5.00 per full-time student per quarter, as authorized by Education Code section 72246(a). This shall also include payments (fees) received from individuals other than students who are not covered by Education Code Section 72246 for health services.

IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with;

and

THAT I am the person authorized by the local agency to file claims for funds with the State of California.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.



## HEALTH FEE ELIMINATION

### 1. Summary of Chapters 1/84, 2nd E.S., and Chapter 1118/87

Chapter 1, Statutes of 1984, 2nd E.S., repealed Education Code § 72246 which authorized community college districts to charge a fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. The statute also required community college districts that charged a fee in the 1983/84 fiscal year to maintain that level of health services in the 1984/85 fiscal year and each fiscal year thereafter. The provisions of this statute would automatically repeal on December 31, 1987, which would reinstate the community college districts' authority to charge a health fee as specified.

Chapter 1118, Statutes of 1987 amended Education Code § 72246 to require any community college district that provided health services in the 1986/87 fiscal year to maintain health services at that level in the 1986/87 fiscal year and each fiscal year thereafter. Chapter 8, Statutes of 1993, has revised the numbering of § 72246 to § 76355.

### 2. Eligible Claimants

Any community college district incurring increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

### 3. Appropriations

To determine if current funding is available for this program, refer to the schedule "Appropriations for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in mid-September of each year to community college presidents.

### 4. Types of Claims

#### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement claim and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

#### B. Minimum Claim

Section 17564(a), Government Code, provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

### 5. Filing Deadline

- (1) Refer to item 3 "Appropriations" to determine if the program is funded for the current fiscal year. If funding is available, an estimated claim must be filed with the State Controller's Office and postmarked by November 30, of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by November 30, of the following fiscal year regardless whether the payment was more or less than the actual costs. If the local agency fails to file a reimbursement claim, monies received must be returned to the State. If no estimated claim was filed, the local agency may file a reimbursement



claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. (See item 3 above).

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by November 30 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by November 30 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

## 6. Reimbursable Components

Eligible claimants will be reimbursed for health service costs at the level of service provided in the 1986/87 fiscal year. The reimbursement will be reduced by the amount of student health fees authorized per the Education Code § 76355.

After January 1, 1993, pursuant to Chapter 8, Statutes of 1993, the fees students were required to pay for health supervision and services were not more than:

\$10.00 per semester

\$5.00 for summer school

\$5.00 for each quarter

Beginning with the summer of 1997, the fees are:

\$11.00 per semester

\$8.00 for summer school or

\$8.00 for each quarter

The district may increase fees by the same percentage increase as the Implicit Price Deflator (IPD) for the state and local government purchase of goods and services. Whenever the IPD calculates an increase of one dollar (\$1) above the existing amount, the fees may be increased by one dollar (\$1).

## 7. Reimbursement Limitations

- A. If the level at which health services were provided during the fiscal year of reimbursement is less than the level of health services that were provided in the 1986/87 fiscal year, no reimbursement is forthcoming.
- B. Any offsetting savings or reimbursement the claimant received from any source (e.g. federal, state grants, foundations, etc.) as a result of this mandate, shall be identified and deducted so only net local costs are claimed.

## 8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms HFE-1.0, HFE-1.1, and form HFE-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated and reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

**A. Form HFE- 2, Health Services**

This form is used to list the health services the community college provided during the 1986/87 fiscal year and the fiscal year of the reimbursement claim.

**B. Form HFE-1.1, Claim Summary**

This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy of the document must be submitted with the claim. The amount shown on line (13) of this form is carried to form HFE-1.0.

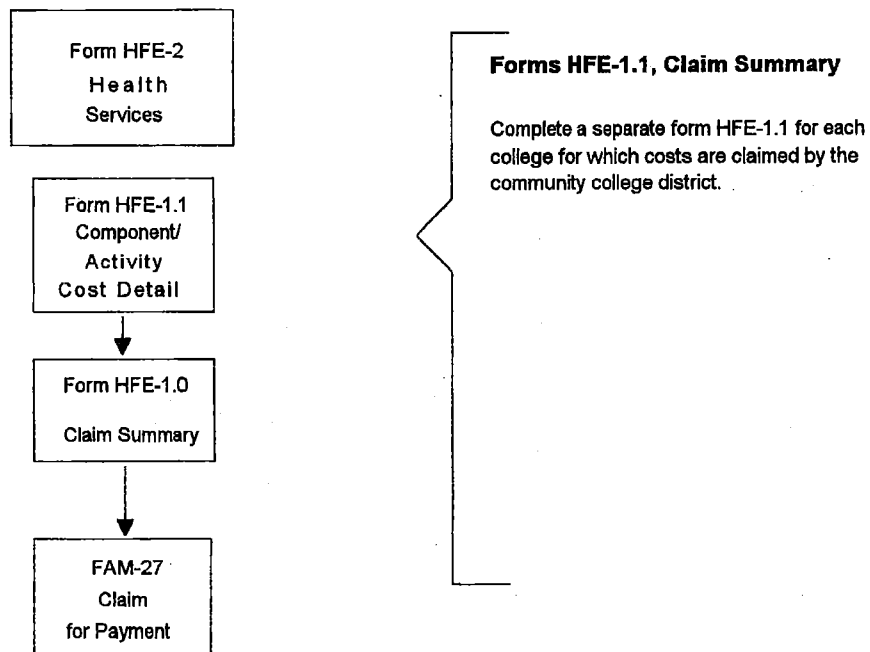
**C. Form HFE-1.0, Claim Summary**

This form is used to list the individual colleges that had increased costs due to the state mandate and to compute a total claimable cost for the district. The "Total Amount Claimed", line (04) on this form is carried forward to form FAM-27, line 13, for the reimbursement claim, or line (07) for the estimated claim.

**D. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form HFE-1.0 and HFE 1.1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

**Illustration of Claim Forms**



<b>CLAIM FOR PAYMENT</b>			For State Controller Use Only		Program	
Pursuant to Government Code Section 17561			(19) Program Number 00029		<b>029</b>	
<b>HEALTH FEE ELIMINATION</b>			(20) Date Filed ___/___/___			
			(21) LRS Input ___/___/___			
(01) Claimant Identification Number			<b>Reimbursement Claim Data</b>			
(02) Claimant Name			(22) HFE-1.0,(04)(b)			
County of Location			(23)			
Street Address or P.O. Box			Suite		(24)	
City			State		Zip Code	
			(25)			
<b>Type of Claim</b>		<b>Estimated Claim</b>		<b>Reimbursement Claim</b>		(26)
		(03) Estimated <input type="checkbox"/>		(09) Reimbursement <input type="checkbox"/>		(27)
		(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>		(28)
		(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>		(29)
<b>Fiscal Year of Cost</b>		(06) <b>20</b> ___/20 ___		(12) <b>20</b> ___/20 ___		(30)
<b>Total Claimed Amount</b>		(07)		(13)		(31)
<b>Less: 10% Late Penalty, not to exceed \$1,000</b>		(14)		(32)		
<b>Less: Prior Claim Payment Received</b>		(15)		(33)		
<b>Net Claimed Amount</b>		(16)		(34)		
<b>Due to Claimant</b>		(08)		(17)		(35)
<b>Due to State</b>		(18)		(36)		
<b>(37) CERTIFICATION OF CLAIM</b>						
<p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.</p>						
Signature of Authorized Officer				Date		
_____				_____		
Type or Print Name				Title		
(38) Name of Contact Person for Claim				Telephone Number ( ) - Ext.		
_____				_____		
E-Mail Address				_____		
_____				_____		

<b>Program</b> <b>029</b>	<b>HEALTH FEE ELIMINATION</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
------------------------------	-----------------------------------------------------------------------------------------	------------------------------

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address was enclosed with the letter regarding the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form HFE-1.0 and enter the amount from line (04)(b).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form HFE-1.0, line (04)(b).
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., HFE-1.0, (04)(b), means the information is located on form HFE-1.0, line (04), column (b). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by a signed certification.**
- (38) Enter the name, telephone number, and e-mail address of the person whom this office should contact if additional information is required.

**SUBMIT A SIGNED, ORIGINAL FORM FAM-27 WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:**

*Address, if delivered by U.S. Postal Service:*

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250**

*Address, if delivered by other delivery service:*

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816**

<b>MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY</b>		<b>FORM HFE-1.0</b>
<b>(01) Claimant</b>	<b>(02) Type of Claim</b> Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	<b>Fiscal Year</b> 19__/19__
<b>(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)</b>		
	(a) Name of College	(b) Claimed Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
<b>(04) Total Amount Claimed</b>	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	

<b>HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions</b>	<b>FORM HFE-1.0</b>
------------------------------------------------------------------	-------------------------

(01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office on behalf of its colleges.

(02) Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which the expenses were/are to be incurred. A separate claim must be filed for each fiscal year.

Form HFE-1.0 must be filed for a reimbursement claim. Do not complete form HFE-1.0 if you are filing an estimated claim and the estimate is not more than 110% of the previous fiscal year's actual costs. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, forms HFE-1.0 and HFE-1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

(03) List all the colleges of the community college district which have increased costs. A separate form HFE-1.1 must be completed for each college showing how costs were derived.

(04) Enter the total claimed amount of all colleges by adding the Claimed Amount, line (3.1b) + line (3.2b) ...+ (3.21b).

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY							FORM HFE-1.1
(01) Claimant		(02) Type of Claim			Fiscal Year		
		Reimbursement <input type="checkbox"/>			19__/19__		
		Estimated <input type="checkbox"/>					
(03) Name of College							
(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.							
LESS <input type="checkbox"/>		SAME <input type="checkbox"/>		MORE <input type="checkbox"/>			
				Direct Cost	Indirect Cost	Total	
(05) Cost of health services for the fiscal year of claim							
(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87							
(07) Cost of providing current fiscal year health services at the 1986/87 level [Line (05) - line (06)]							
(08) Complete columns (a) through (g) to provide detail data for health fees							
Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code § 76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code § 76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per fall semester							
2. Per spring semester							
3. Per summer session							
4. Per first quarter							
5. Per second quarter							
6. Per third quarter							
(09) Total health fee that could have been collected				[Line (8.1g) + (8.2g) + .....(8.6g)]			
(10) Sub-total				[Line (07) - line (09)]			
<b>Cost Reduction</b>							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed				[Line (10) - {(line (11) + line (12))}]			

<b>HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions</b>	<b>FORM HFE-1.1</b>
------------------------------------------------------------------	-------------------------

- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office on behalf of its colleges.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form HFE-1.1 must be filed for a reimbursement claim. If you are filing an estimated claim and the estimate does not exceed the previous year's actual costs by 10%, do not complete form HFE-1.1. Simply enter the amount of the estimated claim on form FAM-27, line (05), Estimated. However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form HFE-1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the name of the college or community college district that provided student health services in the 1986/87 fiscal year and continue to provide the same services during the fiscal year of the claim.
- (04) Compare the level of health services provided during the fiscal year of reimbursement to the 1986/87 fiscal year and indicate the result by marking a check in the appropriate box. If the "Less" box is checked, STOP and do not complete the remaining part of this claim form. No reimbursement is forthcoming.
- (05) Enter the direct cost, indirect cost, and total cost of health services for the fiscal year of claim on line (05). Direct cost of health services is identified on the college expenditures report (individual college's cost of health services as authorized under Education Code § 76355 and included in the district's Community College Annual Financial and Budget Report CCFS-311, EDP Code 6440, column 5). **If the amount of direct costs claimed is different than shown on the expenditures report, provide a schedule listing those community college costs that are in addition to, or a reduction to expenditures shown on the report.** For claiming indirect costs, college districts have the option of using a federally approved rate (i.e., utilizing the cost accounting principles from the Office of Management and Budget Circular A-21), or the State Controller's methodology outlined in "Filing a Claim" of the Mandated Cost Manual for Schools.
- (06) Enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986/87 fiscal year.
- (07) Enter the difference of the cost of health services for the fiscal year of claim, line (05), and the cost of providing current fiscal year health services that is in excess of the level provided in the 1986/87 fiscal year, line (06).
- (08) Complete columns (a) through (g) to provide details on the amount of health service fees that could have been collected. **Do not include students who are exempt from paying health fees established by the Board of Governors and contained in Section 58620 of Title 5 of the California Code of Regulations.** After 01/01/93, the student fees for health supervision and services were \$10.00 per semester, \$5.00 for summer school, and \$5.00 for each quarter. Beginning with the summer of 1997, the health service fees are: \$11.00 per semester and \$8.00 for summer school, or \$8.00 for each quarter.
- (09) Enter the sum of Student Health Fees That Could Have Been Collected, (other than from students who were exempt from paying health fees) [Line (8.1g) + line (8.2g) + line (8.3g) + line (8.4g) + line (8.5g) + line (8.6g)].
- (10) Enter the difference of the cost of providing health services at the 1986/87 level, line (07) and the total health fee that could have been collected, line (09). If line (09) is greater than line (07), no claim shall be filed.
- (11) Enter the total savings experienced by the school identified in line (03) as a direct cost of this mandate. Submit a schedule of detailed savings with the claim.
- (12) Enter the total other reimbursements received from any source, (i.e., federal, other state programs, etc.). Submit a schedule of detailed reimbursements with the claim.
- (13) Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements, line (12), from Total 1986/87 Health Service Cost excluding Student Health Fees.



<b>MANDATED COSTS</b> <b>HEALTH ELIMINATION FEE</b> <b>HEALTH SERVICES</b>		<b>FORM</b> <b>HFE-2</b>	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
Accident Reports  Appointments College Physician, surgeon Dermatology, family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Acquired Immune Deficiency Syndrome Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome			

<b>MANDATED COSTS</b> <b>HEALTH ELIMINATION FEE</b> <b>HEALTH SERVICES</b>		<b>FORM</b> <b>HFE-2</b>	
(01) Claimant:	(02) Fiscal Year costs were incurred:		
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
Child Abuse Birth Control/Family Planning Stop Smoking Library, Videos and Cassettes			
First Aid, Major Emergencies			
First Aid, Minor Emergencies			
First Aid Kits, Filled			
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information			
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration			
Laboratory Tests Done Inquiry/Interpretation Pap Smears			
Physical Examinations Employees Students Athletes			
Medications Antacids Antidiarrheal Aspirin, Tylenol, Etc Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list			
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

<b>MANDATED COSTS</b> <b>HEALTH ELIMINATION FEE</b> <b>HEALTH SERVICES</b>		<b>FORM</b> <b>HFE-2</b>	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
<b>Referrals to Outside Agencies</b> Private Medical Doctor Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies			
<b>Tests</b> Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A testing PG Testing Monospot Hemacult Others, list			
<b>Miscellaneous</b> Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list			
<b>Committees</b> Safety Environmental Disaster Planning			





REVISED

STEVE WESTLY  
California State Controller

April 19, 2006

Thomas J. Donner, Ed.D.  
Interim Superintendent/President  
Santa Monica Community College District  
1900 Pico Boulevard  
Santa Monica, CA 90405

Dear Dr. Donner:

Enclosed is a revised copy of the State Controller's Office audit of the costs claimed by the Santa Monica Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2001, through June 30, 2003. Minor corrections have been made to pages 5 and 9, and the pages have been marked as "revised 04/19/06." Please discard your copies of the prior version.

If you have any questions, please call me at (916) 323-5849.

Sincerely,

JIM L SPANO, Chief  
Compliance Audits Bureau  
Division of Audits

JLS/wq

RE: C06-MCC-001

Enclosure

cc: Chris Bonvenuto, Accounting Manager  
Santa Monica Community College District  
Cheryl Miller, SixTen and Associates  
Marty Rubio, Specialist, Fiscal Accountability Section  
California Community Colleges Chancellor's Office  
Jeannie Oropeza, Program Budget Manager  
Education Systems Unit, Department of Finance

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874  
SACRAMENTO 300 Capitol Mall, Suite 518, Sacramento, CA 95814 (916) 324-8907  
LOS ANGELES 600 Corporate Pointe, Suite 1000, Culver City, CA 90230 (310) 342-5656

### Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference <sup>1</sup>
<b>Summary: July 1, 2001, through June 30, 2003</b>				
<b>Health services costs:</b>				
Salaries and benefits	\$ 927,010	\$ 927,010	\$ —	
Services and supplies	78,819	78,819	—	
Indirect costs	332,097	185,131	(146,966)	Finding 1
<b>Total health services costs</b>	<b>1,337,926</b>	<b>1,190,960</b>	<b>(146,966)</b>	
Less cost of services in excess of FY 1986-87 services	—	—	—	
<b>Subtotal</b>	<b>1,337,926</b>	<b>1,190,960</b>	<b>(146,966)</b>	
Less authorized health fees	(973,519)	(1,511,763)	(538,244)	Finding 2
<b>Subtotal</b>	<b>364,407</b>	<b>(320,803)</b>	<b>(685,210)</b>	
Adjustment to eliminate negative balance	—	320,803	320,803	
<b>Total</b>	<b>\$ 364,407</b>	<b>—</b>	<b>\$ (364,407)</b>	
Less amount paid by the State		(31,295)		
<b>Allowable costs claimed in excess of (less than) amount paid</b>		<b>\$ (31,295)</b>		

<sup>1</sup> See the Findings and Recommendations section.

### District's Response

The District reported actual student health service revenues as a reduction of student health service costs. The Controller instead calculated "authorized health fee revenues," that is, the student fees collectible based on the highest student health service fee chargeable, rather the fee actually charged the student, or the fees actually collected.

#### "Authorized" Fee Amount

The Controller alleges that claimants must compute the total student health fees collectible based on the highest "authorized" rate. The Controller does not provide the factual basis for the calculation of the "authorized" rate, nor provide any reference to the "authorizing" source, nor the legal right of any state entity to "authorize" student health services rates absent rulemaking or compliance with the Administrative Procedure Act by the "authorizing" state agency.

#### Education Code Section 76355

Education Code Section 76355, subdivision (a), states that "The governing board of a district maintaining a community college may require community college students to pay a fee . . . for health supervision and services . . ." There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b) which states "If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional." (Emphasis supplied in both instances)

#### Parameters and Guidelines

The Controller asserts that the parameters and guidelines require that health fees authorized by the Education Code must be deducted from the costs claimed. This is a misstatement of the parameters and guidelines. The parameters and guidelines, as last amended on May 25, 1989, state that "Any offsetting savings . . . must be deducted from the costs claimed . . . This shall include the amount of (student fees) as authorized by Education Code Section 72246(a)." Therefore, while student fees actually collected are properly used to offset costs, student fees that could have been collected, but were not, are not an offset.

#### Government Code Section 17514

The Controller relies upon Government Code Section 17514 for the conclusion that "[t]o the extent community college districts can charge a fee, they are not required to incur a cost." Government Code Section 17514, as added by Chapter 1459, Statutes of 1984, actually states:

"Costs mandated by the state" means any increased costs which a local agency or school district is required to incur after July 1, 1980, as a result of any statute enacted on or after January 1, 1975, or any executive order implementing any statute enacted on or after January 1, 1975, which mandates a new program or higher level of service of an existing program within the meaning of Section 6 of Article XIII B of the California Constitution.

# SANTA MONICA COMMUNITY COLLEGE DISTRICT

Audit Report

## HEALTH FEE ELIMINATION PROGRAM

Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session,  
and Chapter 1118, Statutes of 1987

*July 1, 2001, through June 30, 2003*



STEVE WESTLY  
California State Controller

March 2006





**STEVE WESTLY**  
*California State Controller*

March 17, 2006

Thomas J. Donner, Ed.D.  
Interim Superintendent/President  
Santa Monica Community College District  
1900 Pico Boulevard  
Santa Monica, CA 90405

Dear Dr. Donner:

The State Controller's Office audited the costs claimed by the Santa Monica Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2001, through June 30, 2003.

The district claimed \$364,407 for the mandated program. Our audit disclosed that the entire amount is unallowable, because the district claimed unallowable costs and understated revenue. The State paid the district \$31,295, which the district should return.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (COSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at COSM's Web site, at [www.csm.ca.gov](http://www.csm.ca.gov) (Guidebook link); you may obtain IRC forms by telephone, at (916) 323-3562, or by e-mail, at [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov).

If you have any questions, please contact Jim L. Spano, Chief, Compliance Audits Bureau, at (916) 323-5849.

Sincerely,

A handwritten signature in cursive script that reads "Jeffrey V. Brownfield".

JEFFREY V. BROWNFIELD  
Chief, Division of Audits

JVB/ams

cc: Chris Bonvenuto  
Accounting Manager  
Santa Monica Community College District  
Cheryl Miller  
SixTen and Associates  
Marty Rubio, Specialist  
Fiscal Accountability Section  
California Community Colleges Chancellor's Office  
Jeannie Oropeza, Program Budget Manager  
Education Systems Unit  
Department of Finance

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## **Audit Report**

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# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by the Santa Monica Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2001, through June 30, 2003. The last day of fieldwork was September 22, 2005.

The district claimed \$364,407 for the mandated program. Our audit disclosed that the entire amount is unallowable, because the district claimed unallowable costs and understated revenue. The State paid the district \$31,295. The district should return the total amount to the State.

## Background

Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session (E.S.), repealed *Education Code* Section 72246 which had authorized community college districts to charge a health fee to provide health supervision and services, and medical and hospitalization services, and to operate student health centers. This statute also required that health services for which a community college district charged a fee during fiscal year (FY) 1983-84 had to be maintained at that level in FY 1984-85 and every year thereafter. The provisions of this statute would automatically sunset on December 31, 1987, reinstating the community college districts' authority to charge a health service fee as specified.

Chapter 1118, Statutes of 1987, amended *Education Code* Section 72246 (subsequently renumbered as Section 76355 by Chapter 8, Statutes of 1993). The law requires any community college district that provided health services in FY 1986-87 to maintain health services at the level provided during that year in FY 1987-88 and each fiscal year thereafter.

On November 20, 1986, the Commission on State Mandates (COSM) determined that Chapter 1, Statutes of 1984, 2<sup>nd</sup> E.S., imposed a "new program" upon community college districts by requiring specified community college districts that provided health services in FY 1983-84 to maintain health services at the level provided during that year in FY 1984-85 and each fiscal year thereafter. This maintenance-of-effort requirement applied to all community college districts that levied a health service fee in FY 1983-84.

On April 27, 1989, the COSM determined that Chapter 1118, Statutes of 1987, amended this maintenance-of-effort requirement to apply to all community college districts that provided health services in FY 1986-87, requiring them to maintain that level in FY 1987-88 and each fiscal year thereafter.

*Parameters and Guidelines* establishes the state mandate and defines reimbursement criteria. The COSM adopted *Parameters and Guidelines* on August 27, 1987, and amended it on May 25, 1989. In compliance with *Government Code* Section 17558, the SCO issues claiming instructions for mandated programs, to assist school districts in claiming reimbursable costs.

**Objective,  
Scope, and  
Methodology**

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Health Fee Elimination Program for the period of July 1, 2001, through June 30, 2003.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted the audit according to *Government Auditing Standards*, issued by the Comptroller General of the United States, and under the authority of *Government Code* Sections 12410, 17558.5, and 17561. We did not audit the district's financial statements. We limited our audit scope to planning and performing audit procedures necessary to obtain reasonable assurance that costs claimed were allowable for reimbursement. Accordingly, we examined transactions, on a test basis, to determine whether the costs claimed were supported.

We limited our review of the district's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

We asked the district's representative to submit a written representation letter regarding the district's accounting procedures, financial records, and mandated cost claiming procedures as recommended by *Government Auditing Standards*. However, the district declined our request.

**Conclusion**

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, the Santa Monica Community College District claimed \$364,407 for costs of the Health Fee Elimination Program. Our audit disclosed that the entire amount is unallowable.

For FY 2001-02, the State paid the district \$31,295. Our audit disclosed that all of the costs claimed are unallowable. The district should return the entire amount to the State.

For FY 2002-03, the district received no payment.

**Views of  
Responsible  
Official**

We issued a draft audit report on December 9, 2005. Thomas J. Donner, Ed.D., Interim Superintendent/President, responded by letter dated January 4, 2006 (Attachment), disagreeing with the audit results. This final audit report includes the district's response.

**Restricted Use**

This report is solely for the information and use of the Santa Monica Community College District, the Los Angeles County Office of Education, the California Department of Education, the California Community Colleges Chancellor's Office, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.



JEFFREY V. BROWNFIELD  
Chief, Division of Audits

**Schedule 1—  
Summary of Program Costs  
July 1, 2001, through June 30, 2003**

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference <sup>1</sup>
<b><u>July 1, 2001, through June 30, 2002</u></b>				
Health services costs:				
Salaries and benefits	\$ 443,354	\$ 443,354	\$ —	
Services and supplies	67,963	67,963	—	
Indirect costs	166,485	95,872	(70,613)	Finding 1
Total health services costs	677,802	607,189	(70,613)	
Less cost of services in excess of FY 1986-87 services	—	—	—	
Subtotal	677,802	607,189	—	
Less authorized health fees	(479,007)	(750,759)	(271,752)	Finding 2
Subtotal	198,795	(143,570)	(342,365)	
Adjustment to eliminate negative balance	—	143,570	143,570	
Total	<u>\$ 198,795</u>	—	<u>\$ (198,795)</u>	
Less amount paid by the State		(31,295)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (31,295)</u>		
<b><u>July 1, 2002, through June 30, 2003</u></b>				
Health services costs:				
Salaries and benefits	\$ 483,656	\$ 483,656	\$ —	
Services and supplies	10,856	10,856	—	
Indirect costs	165,612	89,259	(76,353)	Finding 1
Total health services costs	660,124	583,771	(76,353)	
Less cost of services in excess of FY 1986-87 services	—	—	—	
Subtotal	660,124	583,771	(76,353)	
Less authorized health fees	(494,512)	(761,004)	(266,492)	Finding 2
Subtotal	165,612	(177,233)	(342,845)	
Adjustment to eliminate negative balance	—	177,233	177,233	
Total	<u>\$ 165,612</u>	—	<u>\$ (165,612)</u>	
Less amount paid by the State		—		

### Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference <sup>1</sup>
<b>Summary: July 1, 2001, through June 30, 2003</b>				
<b>Health services costs:</b>				
Salaries and benefits	\$ 927,010	\$ 927,010	\$ —	
Services and supplies	78,819	78,819	—	
Indirect costs	332,097	185,131	(146,966)	Finding 1
<b>Total health services costs</b>	<b>1,337,926</b>	<b>1,190,960</b>	<b>(146,966)</b>	
Less cost of services in excess of FY 1986-87 services	—	—	—	
<b>Subtotal</b>	<b>1,337,926</b>	<b>1,190,960</b>	<b>(146,966)</b>	
Less authorized health fees	(973,519)	(1,511,763)	(538,244)	Finding 2
<b>Subtotal</b>	<b>364,407</b>	<b>(320,803)</b>	<b>(685,210)</b>	
Adjustment to eliminate negative balance	—	320,803	320,803	
<b>Total</b>	<b>\$ 364,407</b>	<b>—</b>	<b>\$ (364,407)</b>	
Less amount paid by the State		(31,295)		
<b>Allowable costs claimed in excess of (less than) amount paid</b>		<b>\$ (31,295)</b>		

<sup>1</sup> See the Findings and Recommendations section.

# Findings and Recommendations

**FINDING 1—  
Overstated indirect  
cost rates**

The district overstated its indirect cost rates, and thus overstated its indirect costs by \$146,966 for the audit period.

The district claimed indirect costs based on indirect cost rate proposals (ICRPs) prepared for each fiscal year by an outside consultant. However, the district did not obtain federal approval for its ICRPs. We calculated indirect cost rates using the methodology described in the SCO claiming instructions. Our calculated indirect cost rates did not support the indirect cost rates claimed. The audited and claimed indirect cost rates are summarized as follows.

	Fiscal Year	
	2001-02	2002-03
Allowable indirect cost rate	18.75%	18.05%
Less claimed indirect cost rate	(32.56)%	(33.49)%
Unsupported indirect cost rate	<u>(13.81)%</u>	<u>(15.44)%</u>

Based on these unsupported indirect cost rates, the audit adjustments are summarized below.

	Fiscal Year		Total
	2001-02	2002-03	
Claimed direct costs	\$ 511,317	\$ 494,512	
Unsupported indirect cost rate	×(13.81)%	×(15.44)%	
Audit adjustment	<u>\$ (70,613)</u>	<u>\$ (76,353)</u>	<u>\$ (146,966)</u>

*Parameters and Guidelines* states that indirect costs may be claimed in the manner described in the SCO claiming instructions. The SCO claiming instructions prescribes the SCO's methodology (FAM-29C), a federally approved rate prepared in accordance with Office of Management and Budget (OMB) Circular A-21, or a flat rate (the most conservative rate). Form FAM-29C uses total expenditures reported on the California Community College Annual Financial and Budget Report, Expenditures by Activity (CCFS-311).

Recommendation

We recommend that the district implement procedures to ensure that claimed indirect costs are based on indirect cost rates computed in accordance with the SCO claiming instructions, and that it monitors staff adherence to its procedures. The district should obtain federal approval for ICRPs prepared in accordance with OMB Circular A-21. Alternately, the district should use form FAM-29C to prepare ICRPs based on the methodology allowed in the SCO claiming instructions.



District's Response

The Controller asserts that the indirect cost method used by the District was inappropriate since it was not a cost study specifically approved by the federal government. The parameters and guidelines do not require that indirect costs be claimed in the manner described by the Controller. The parameters and guidelines for Health Fee Elimination (as last amended on May 25, 1989) state that "indirect costs may be claimed in the manner described by the Controller in his claiming instructions." The parameters and guidelines do not require that indirect costs be claimed in the manner described by the Controller in the draft audit report.

The Controller's claiming instructions state that for claiming indirect costs, college districts have the option of using a federally approved rate from the Office of Management and Budget Circular A-21, a rate calculated using form FAM-29C, or a 7% indirect cost rate. The Controller claiming instructions were never adopted as rules or regulations, and therefore have no force of law. The burden is on the Controller to show that the indirect cost rate used by the District is excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17651(d)(2)). If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

Since the Controller has stated no legal basis to disallow the indirect cost rate calculation method used by the District, and has not shown a factual basis to reject the rates as unreasonable or excessive, the adjustments should be withdrawn.

SCO's Comment

The fiscal effect of the finding and recommendation remains unchanged.

*Parameters and Guidelines* states that indirect costs may be claimed in the manner described in the SCO's claiming instructions. Therefore, the specific directions for the indirect cost rate calculation in the claiming instructions are an extension of *Parameters and Guidelines*. The SCO's claiming instructions state that community colleges have the option of using a federally approved rate, prepared in accordance with OMB Circular A-21, the SCO's alternate methodology, using Form FAM-29C, or a flat 7% rate. In this case, the district chose to use indirect cost rates not approved by a federal agency, which is not an option provided by the SCO's claiming instructions.

**FINDING 2—  
Understated authorized  
health fee revenues  
claimed**

The district understated authorized health fee revenue by \$538,244 for the audit period.

The district reduced claimed costs by actual rather than authorized health fee revenues. Therefore, we recalculated the authorized health fee revenues by multiplying student enrollment by term, net of allowable health fee exemption, by the authorized student health fee. We obtained student enrollment information from the "enrollment census" data run, and student waiver information from the list of "BOGG used" data run.

A summary of our adjustment to authorized health fee revenues is as follows.

	Fall	Winter	Spring	Summer	Total
<u>FY 2001-02</u>					
Student enrollment	29,476	13,164	29,390	15,484	
Less allowable health fee exemptions	<u>(6,374)</u>	<u>(4,288)</u>	<u>(6,137)</u>	<u>(2,749)</u>	
Subtotal	23,102	8,876	23,253	12,735	
Authorized student health fee	<u>×\$12.00</u>	<u>× \$ 9.00</u>	<u>×\$12.00</u>	<u>× \$ 9.00</u>	
Audited authorized health fee revenues	<u>\$277,224</u>	<u>\$ 79,884</u>	<u>\$279,036</u>	<u>\$114,615</u>	\$750,759
Claimed authorized health fee revenues					<u>(479,007)</u>
Audit adjustment, FY 2001-02					<u>271,752</u>
<u>FY 2002-03</u>					
Student enrollment	29,803	13,199	28,219	16,781	
Less allowable health fee exemptions	<u>(6,343)</u>	<u>(3,255)</u>	<u>(6,076)</u>	<u>(2,973)</u>	
Subtotal	23,460	9,944	22,143	13,808	
Authorized student health fee	<u>×\$12.00</u>	<u>× \$ 9.00</u>	<u>×\$12.00</u>	<u>× \$ 9.00</u>	
Audited authorized health fee revenues	<u>\$281,520</u>	<u>\$ 89,496</u>	<u>\$265,716</u>	<u>\$124,272</u>	761,004
Claimed authorized health fee revenues					<u>(494,512)</u>
Audit adjustment, FY 2002-03					<u>266,492</u>
Total					<u>\$538,244</u>

*Parameters and Guidelines* states that health fees authorized by the *Education Code* must be deducted from costs claimed. *Education Code* Section 7635(c) states that health fees are authorized from all students except those students who: (1) depend exclusively on prayer for healing; (2) are attending a community college under an approved apprenticeship training program; or (3) demonstrate financial need.

Also, *Government Code* Section 17514 states that “costs mandated by the State” means any increased costs which a district is required to incur. To the extent community college districts can charge a fee, they are not required to incur a cost. In addition, *Government Code* Section 17556 states that the COSM shall not find costs mandated by the State if the district has the authority to levy fees to pay for the mandated program or increased level of services.

Recommendation

We recommend that the district implement procedures to ensure that allowable health services program costs are offset by the amount of health service fee revenue authorized by the *Education Code*, and that it monitors staff adherence to its procedures.

## District's Response

The District reported actual student health service revenues as a reduction of student health service costs. The Controller instead calculated "authorized health fee revenues," that is, the student fees collectible based on the highest student health service fee chargeable, rather the fee actually charged the student, or the fees actually collected.

### "Authorized" Fee Amount

The Controller alleges that claimants must compute the total student health fees collectible based on the highest "authorized" rate. The Controller does not provide the factual basis for the calculation of the "authorized" rate, nor provide any reference to the "authorizing" source, nor the legal right of any state entity to "authorize" student health services rates absent rulemaking or compliance with the Administrative Procedure Act by the "authorizing" state agency.

### Education Code Section 76355

Education Code Section 76355, subdivision (a), states that "The governing board of a district maintaining a community college may require community college students to pay a fee . . . for health supervision and services . . ." There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b) which states "If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional." (Emphasis supplied in both instances)

### Parameters and Guidelines

The Controller asserts that the parameters and guidelines require that health fees authorized by the Education Code must be deducted from the costs claimed. This is a misstatement of the parameters and guidelines. The parameters and guidelines, as last amended on May 25, 1989, state that "Any offsetting savings . . . must be deducted from the costs claimed . . . This shall include the amount of (student fees) as authorized by Education Code Section 72246(a)." Therefore, while student fees actually collected are properly used to offset costs, student fees that could have been collected, but were not, are not an offset.

### Government Code Section 17514

The Controller relies upon Government Code Section 17514 for the conclusion that "[t]o the extent community college districts can charge a fee, they are not required to incur a cost." Government Code Section 17514, as added by Chapter 1459, Statutes of 1984, actually states:

"Costs mandated by the state" means any increased costs which a local agency or school district is required to incur after July 1, 1980, as a result of any statute enacted on or after January 1, 1975, or any executive order implementing any statute enacted on or after January 1, 1975, which mandates a new program or higher level of service of an existing program within the meaning of Section 6 of Article XIII B of the California Constitution.

There is nothing in the language of the statute regarding the authority to charge a fee, any nexus of fee revenue to increased cost, nor any language which describes the legal effect of fees collected.

#### Government Code Section 17556

The Controller relies upon Government Code Section 17556 for the conclusion that "the COSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service." Government Code Section 17556 as last amended by Chapter 589/89 actually states:

"The commission shall not find costs mandated by the state, as defined in Section 17514, in any claim submitted by a local agency or school district, if after a hearing, the commission finds that: . . . (d) The local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the mandated program or increased level of service. . . ."

The Controller misrepresents the law. Government Code Section 17556 prohibits the Commission on State Mandates from finding costs subject to reimbursement, that is approving a test claim activity for reimbursement, where the authority to levy fees in an amount sufficient to offset the entire mandated costs. Here, the Commission has already approved the test claim and made a finding of a new program or higher level of service for which the claimants do not have the ability to levy a fee in an amount sufficient to offset the entire mandated costs.

#### SCO's Comment

The finding and recommendation remain unchanged.

We agree that community college districts may choose not to levy a health service fee. However, *Education Code* Section 76355 gives districts the authority to levy a health service fee. The authorized fees are specified in *Education Code* Section 76355(c), as identified in the finding. *Government Code* Section 17556 states that the Commission on State Mandates (COSM) shall not find costs mandated by the State as defined in *Government Code* Section 17514 if the district has authority to levy fees to pay for the mandated program or increased level of service. For this mandated program, the COSM concluded that districts have authority to levy a health service fee; thus, the adopted *Parameters and Guidelines* identifies authorized health service fees as offsetting reimbursements. Health services costs recoverable through an authorized fee are not costs the district is required to incur; therefore, the related health services costs are not mandated costs as defined by *Government Code* Section 17514.

**Attachment—  
District's Response to  
Draft Audit Report**

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January 4, 2006

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Mr. Jim L. Spano, Chief  
Compliance Audits Bureau  
California State Controller  
Division of Audits  
P.O. Box 942850  
Sacramento, CA 94250-5874

Re: Chapter 1, Statutes of 1984  
Health Fee Elimination  
State Controller's Audit  
Fiscal Years: 2001-02 and 2002-03

Dear Mr. Spano:

This letter is the response of the Santa Monica Community College District to the letter from Jeffrey V. Brownfield, Chief, Division of Audits, dated December 19, 2005, and received by the District on December 23, 2005, which enclosed a draft copy of the State Controller's Office audit report of our Health Fee Elimination claims for the period of July 1, 2001 through June 30, 2003.

Finding 1 - Overstated indirect cost rates

The Controller asserts that the indirect cost method used by the District was inappropriate since it was not a cost study specifically approved by the federal government. The parameters and guidelines do not require that indirect costs be claimed in the manner described by the Controller. The parameters and guidelines for Health Fee Elimination (as last amended on May 25, 1989) state that "Indirect costs may be claimed in the manner described by the Controller in his claiming instructions." The parameters and guidelines do not require that indirect costs be claimed in the manner described by the Controller in the draft audit report.

The Controller's claiming instructions state that for claiming indirect costs, college districts have the option of using a federally approved rate from the Office of Management and Budget Circular A-21, a rate calculated using form FAM-29C, or a 7% indirect cost rate. The Controller claiming instructions were never adopted as rules or regulations, and therefore have no force of law. The burden is on the Controller to show that the indirect cost rate used by the District is excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17651(d)(2)). If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

Since the Controller has stated no legal basis to disallow the indirect cost rate calculation method used by the District, and has not shown a factual basis to reject the rates as unreasonable or excessive, the adjustments should be withdrawn.

#### Finding 2 - Understated authorized health fees revenues claimed

The District reported actual student health service revenues as a reduction of student health service costs. The Controller instead calculated "authorized health fee revenues," that is, the student fees collectible based on the highest student health service fee chargeable, rather than the fee actually charged the student, or the fees actually collected.

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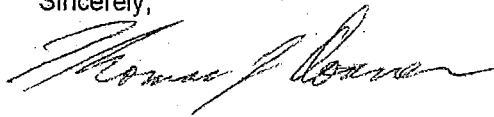
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The District requests that the audit report be changed to comply with the appropriate application of the Government Code concerning audits of mandate claims.

Sincerely,



Thomas J. Donner, Interim Superintendent/President  
Santa Monica Community College District

CC : Keith Peterson  
SixTen and Associates



**State Controller's Office  
Division of Audits  
Post Office Box 942850  
Sacramento, California 94250-5874**

<http://www.sco.ca.gov>

C06-MCC-001







January 4, 2006

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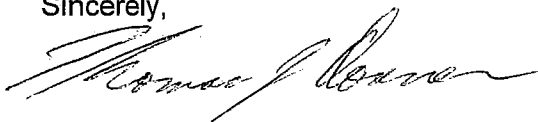
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The District requests that the audit report be changed to comply with the appropriate application of the Government Code concerning audits of mandate claims.

Sincerely,



Thomas J. Donner, Interim Superintendent/President  
Santa Monica Community College District

CC : Keith Peterson  
SixTen and Associates



**CALIFORNIA COMMUNITY COLLEGES  
CHANCELLOR'S OFFICE**

1102 Q STREET  
SACRAMENTO, CA 95814-6511  
(916) 445-8752  
HTTP://WWW.CCCCO.EDU



March 5, 2001

To; Superintendents/Presidents  
Chief Business Officers  
Chief Student Services Officers  
Health Services Program Directors  
Financial Aid Officers  
Admissions and Records Officers  
Extended Opportunity Program Directors

From: Thomas J. Nussbaum  
Chancellor

Subject: Student Health Fee Increase

Education Code Section 76355 provides the governing board of a community college district the option of increasing the student health services fee by the same percentage as the increase in the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. Whenever that calculation produces an increase of one dollar above the existing fee, the fee may be increased by \$1.00.

Based on calculations by the Financial, Economic, and Demographic Unit in the Department of Finance, the Implicit Price Deflator Index has now increased enough since the last fee increase of March 1997 to support a one dollar increase in the student health fees. Effective with the Summer Session of 2001, districts may begin charging a maximum fee of \$12.00 per semester, \$9.00 for summer session, \$9.00 for each intersession of at least four weeks, or \$9.00 for each quarter.

For part-time students, the governing board shall decide the amount of the fee, if any, that the student is required to pay. The governing board may decide whether the fee shall be mandatory or optional.

The governing board operating a health services program must have rules that exempt the following students from any health services fee:

- Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.

- Students who are attending a community college under an approved apprenticeship training program.
- Students who receive Board of Governors Enrollment Fee Waivers, including students who demonstrate financial need in accordance with the methodology set forth in federal law or regulation for determining the expected family contribution of students seeking financial aid and students who demonstrate eligibility according to income standards established by the board of governors and contained in Section 58620 of Title 5 of the California Code of Regulations.

All fees collected pursuant to this section shall be deposited in the Student Health Fee Account in the Restricted General Fund of the district. These fees shall be expended only to provide health services as specified in regulations adopted by the board of governors. Allowable expenditures include health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, or both. Allowable expenditures exclude athletic-related salaries, services, insurance deductibles, or any other expense that is not available to all students. No student shall be denied a service supported by student health fee on account of participation in athletic programs.

If you have any questions about this memo or about student health services, please contact Mary Gill, Dean, Enrollment Management Unit at 916.323.5951. If you have any questions about the fee increase or the underlying calculations, please contact Patrick Ryan in Fiscal Services Unit at 916.327.6223.

CC: Patrick J. Lenz  
Ralph Black  
Judith R. James  
Frederick E. Harris

I:\Fisc\FiscUnit\01StudentHealthFees\011StuHealthFees.doc



Annual Reimbursement Claims

**CLAIM FOR PAYMENT**  
 Pursuant to Government Code Section 17561  
**HEALTH FEE ELIMINATION**

For State Controller Use only  
 (19) Program Number 00029  
 (20) Date File \_\_\_/\_\_\_/\_\_\_  
 (21) LRS Input \_\_\_/\_\_\_/\_\_\_



(01) Claimant Identification Number:  
 L S19385

A (02) Mailing Address:

B

E Claimant Name  
 L Santa Monica Community College District

H County of Location  
 E Los Angeles

R Street Address  
 E 1900 Pico Blvd.

City State Zip Code  
 Santa Monica CA 90405-1628

Reimbursement Claim Data	
(22) HFE - 1.0, (04)(b)	\$ 198,795
(23)	
(24)	
(25)	
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	
(37)	

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>
Fiscal Year of Cost	(06) 2002-2003	(12) 2001-2002
Total Claimed Amount	(07) \$ 215,000	(13) \$ 198,795
Less: 10% Late Penalty, but not to exceed \$1000		(14) \$ -
Less: Estimate Claim Payment Received		(15) \$ 31,295
Net Claimed Amount		(16) \$ 167,500
Due from State	(08) \$ 215,000	(17) \$ 167,500
Due to State		(18) \$ -

**(38) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.

Signature of Authorized Officer  
  
 Cheryl Miller  
 Type or Print Name

Date  
  
 Assoc. V.P. Business Services  
 Title

(39) Name of Contact Person or Claim  
**SixTen and Associates**

Telephone Number **(858) 514-8605**

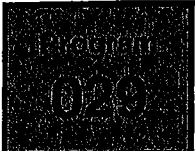
E-Mail Address **kbsixten@aol.com**

PROJECTIONS 029	<b>MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY</b>	<b>FORM HFE-1.0</b>
--------------------	--------------------------------------------------------------------	-------------------------

<b>(01) Claimant:</b>	<b>(02) Type of Claim:</b>	Fiscal Year
Claimant Name	Reimbursement <input checked="" type="checkbox"/>	
Santa Monica Community College District	Estimated <input type="checkbox"/>	2001-2002

**(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)**

	(a) Name of College		(b) Claimed Amount
1.	Santa Monica College	\$	198,794.65
2.		\$	-
3.		\$	-
4.		\$	-
5.		\$	-
6.		\$	-
7.		\$	-
8.		\$	-
9.		\$	-
10.		\$	-
11.		\$	-
12.		\$	-
13.		\$	-
14.		\$	-
15.		\$	-
16.		\$	-
17.		\$	-
18.		\$	-
19.		\$	-
20.		\$	-
21.		\$	-
<b>(04) Total Amount Claimed</b>	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$	198,795

	<b>MANDATED COSTS</b> <b>HEALTH FEE ELIMINATION</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>HFE-1.1</b>
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------	-------------------------------

<b>(01) Claimant:</b>  Santa Monica Community College District	<b>(02) Type of Claim:</b> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year  2001-2002
----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	------------------------------

**(03) Name of College** Santa Monica College

**(04)** Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, **STOP**, do not complete the form. No reimbursement is allowed.

LESS       SAME       MORE

	Direct Cost	Indirect Cost of: 32.56%	Total
<b>(05) Cost of Health Services for the Fiscal year of Claim</b>	\$ 511,317	\$ 166,485	\$ 677,802
<b>(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87</b>	\$ -	\$ -	\$ -
<b>(07) Cost of providing current fiscal year health services at the 1986/87 level</b> [Line (05) - line (06)]	\$ 511,317	\$ 166,485	\$ 677,802

**(08) Complete Columns (a) through (g) to provide detail data for health fees**

Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code § 76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code § 76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per fall semester				\$ -		\$ -	actual
2. Per spring semester				\$ -		\$ -	actual
3. Per summer session				\$ -		\$ -	actual
4. Per first quarter				\$ -		\$ -	\$ -
5. Per second quarter				\$ -		\$ -	\$ -
6. Per third quarter				\$ -		\$ -	\$ -

**(09) Total health fees that have been collected** [Line (8.1g) + (8.2g) + .....(8.6g)] \$ 479,007

**(10) Sub-total** [Line (07) - line (09)] \$ 198,795

<b>Cost Reduction</b>	
<b>(11) Less: Offsetting Savings, if applicable</b>	\$ -
<b>(12) Less: Other Reimbursements, if applicable</b>	\$ -
<b>(13) Total Amount Claimed</b> [Line (10) - {(line (11) + line (12))}]	\$ 198,795

**SANTA MONICA COMMUNITY COLLEGE DISTRICT  
CALCULATION OF INDIRECT COST RATE,  
FISCAL YEAR  
2000-2001**

*For 01-02  
CLAIMS*

REFERENCE (CCFS 311)	DESCRIPTION	2000-2001
<b>INSTRUCTIONAL ACTIVITY</b>		
	<b>Instructional Costs</b>	
	Instructional Salaries and Benefits	42,309,603
	Instructional Operating Expenses	781,794
	Instructional Support Instructional Salaries and Benefits	661,186
	Auxiliary Operations Instructional Salaries and Benefits	49,970
	<b>TOTAL INSTRUCTIONAL COSTS 1</b>	<b>43,802,553</b>
	<b>Non-Instructional Costs</b>	
	Non-Instructional Salaries and Benefits	1,920,542
	Instructional Admin. Salaries and Benefits	3,805,142
	Instructional Admin. Operating Expenses	498,420
	Auxiliary Classes Non-Inst. Salaries and Benefits	2,307,496
	Auxiliary Classes Operating Expenses	3,052,226
	<b>TOTAL NON-INSTRUCTIONAL COSTS 2</b>	<b>11,583,826</b>
	<b>TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)</b>	<b>55,386,379</b>
<b>DIRECT SUPPORT ACTIVITY</b>		
	<b>Direct Support Costs</b>	
	Instructional Support Services Non Inst. Salaries and Benefits	3,554,179
	Instructional Support Services Operating Expenses	666,017
	Admissions and Records	3,111,760
	Counseling and Guidance	7,016,197
	Other Student Services	5,152,448
	<b>TOTAL DIRECT SUPPORT COSTS 4</b>	<b>19,480,601</b>
	<b>TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)</b>	<b>74,866,980</b>
	<b>Indirect Support Costs</b>	
	Operation and Maintenance of Plant	7,773,644
	Planning and Policy Making	4,011,766
	General Instructional Support Services	12,589,079
	<b>TOTAL INDIRECT SUPPORT COSTS 6</b>	<b>24,374,489</b>
	<b>TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS</b>	<b>99,241,469</b>
<b>SUPPORT COSTS ALLOCATION RATES</b>		
<b>Indirect Support Costs Allocation Rate =</b>	<b>Total Indirect Support Costs (6)</b>	<b>32.56%</b>
	<b>Total Instructional Activity Costs and Direct Support Costs (5)</b>	
<b>Direct Support Costs Allocation Rate =</b>	<b>Total Direct Support Costs (4)</b>	<b>35.17%</b>
	<b>Total Instructional Activity Costs (3)</b>	
<b>Total Support Cost Allocation</b>		<b>67.73%</b>

**MANDATED COSTS  
HEALTH FEE ELIMINATION  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
HFE-2.1**

(01) Claimant  
Santa Monica Community College District

Fiscal Year  
2001-2002

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.

(a)  
FY  
1986/87

(b)  
FY  
of Claim

Accident Reports

X X

Appointments

- College Physician, surgeon
- Dermatology, Family practice
- Internal Medicine
- Outside Physician
- Dental Services
- Outside Labs, (X-ray, etc.,)
- Psychologist, full services
- Cancel/Change Appointments
- Registered Nurse
- Check Appointments

X X  
X X  
  
X X  
X X  
X X  
X X  
X X

Assessment, Intervention and Counseling

- Birth Control
- Lab Reports
- Nutrition
- Test Results, office
- Venereal Disease
- Communicable Disease
- Upper Respiratory Infection
- Eyes, Nose and Throat
- Eye/Vision
- Dermatology/Allergy
- Gynecology/Pregnancy Service
- Neuralgic
- Orthopedic
- Genito/Urinary
- Dental
- Gastro-Intestinal
- Stress Counseling
- Crisis Intervention
- Child Abuse Reporting and Counseling
- Substance Abuse Identification and Counseling
- Eating Disorders
- Weight Control
- Personal Hygiene
- Burnout
- Other Medical Problems, list

X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X

Examinations, minor illnesses  
Recheck Minor Injury

- Health Talks or Fairs, Information
- Sexually Transmitted Disease
- Drugs
- Acquired Immune Deficiency Syndrome
- Child Abuse

X X  
X X  
X X  
X X

**MANDATED COSTS  
HEALTH FEE ELIMINATION  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
HFE-2.1**

(01) Claimant

Santa Monica Community College District

Fiscal Year

2001-2002

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.

(a)  
FY  
1986/87

(b)  
FY  
of Claim

Birth Control/Family Planning  
Stop Smoking  
Library, Videos and Cassettes

X X  
X X  
X X

First Aid, Major Emergencies  
First Aid, Minor Emergencies  
First Aid Kits, Filled.

X X  
X X  
X X

Immunizations  
Diphtheria/Tetanus  
Measles/Rubella  
Influenza  
Information

X X  
X X  
X X  
X X

Insurance  
On Campus Accident  
Voluntary  
Insurance Inquiry/Claim Administration

X  
X  
X

Laboratory Tests Done  
Inquiry/Interpretation  
Pap Smears

X X

Physical Examinations  
Employees  
Students  
Athletes

X  
X  
X

Medications  
Antacids  
Antidiarrheal  
Aspirin, Tylenol, etc.,  
Skin Rash Preparations  
Eye Drops  
Ear Drops  
Toothache, oil cloves  
Stingkill  
Midol, Menstrual Cramps  
Other, list--> Ibuprofen

X X  
X X  
X X  
X X  
X X  
X X  
X X  
X X

Parking Cards/Elevator Keys

Tokens  
Return Card/Key  
Parking Inquiry  
Elevator Passes  
Temporary Handicapped Parking Permits

X  
X X  
X X  
X X

**MANDATED COSTS  
HEALTH FEE ELIMINATION  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
HFE-2.1**

(01) Claimant

Santa Monica Community College District

Fiscal Year

2001-2002

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.

(a)  
FY  
1986/87

(b)  
FY  
of Claim

**Referrals to Outside Agencies**

- Private Medical Doctor
- Health Department
- Clinic
- Dental
- Counseling Centers
- Crisis Centers
- Transitional Living Facilities, battered/homeless women
- Family Planning Facilities
- Other Health Agencies

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

**Tests**

- Blood Pressure
- Hearing
- Tuberculosis
- Reading
- Information
- Vision
- Glucometer
- Urinalysis
- Hemoglobin
- EKG
- Strep A Testing
- PG Testing
- Monospot
- Hemacult
- Others, list

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
	X

**Miscellaneous**

- Absence Excuses/PE Waiver
- Allergy Injections
- Bandaids
- Booklets/Pamphlets
- Dressing Change
- Rest
- Suture Removal
- Temperature
- Weigh
- Information
- Report/Form
- Wart Removal
- Others, list...condoms for sale

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
	X

**Committees**

- Safety
- Environmental
- Disaster Planning
- Skin Rash Preparations
- Eye Drops

X	X
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*HEALTH COSTS*

INT NUMBER	PROG	EOC	ACCOUNT NAME	CURRENT BUDGET	EXPEND	ENCUMB	PRE-ENG	BALANCE	PCNT LEFT
00644000-0032			PHYSICAL & MENTAL/HEALTH SERVICES	91,967	123,850.80	.00	.00	31,883.80	0
00644000-0032			OTH EXTRA DUTY/HEALTH SERVICES	0	.00	.00	.00	.00	0
00644000-0032			NON TEACH SABBATICAL/HEALTH SERVICE	0	.00	.00	.00	.00	0
SUB-TOTAL			OBJECT 12000	91,967	123,850.80	.00	.00	31,883.80	0
00644000-0032			COUNSELOR/HRLY/SUM/HEALTH SERVICES	0	.00	.00	.00	.00	0
00644000-0032			PHYS & MENTAL/SUM/HEALTH SERVICES	0	.00	.00	.00	.00	0
00644000-0032			PHYS & MENTAL/REG/HEALTH SERVICES	6,404	.00	.00	.00	6,404.00	100
00644000-0032			PHYS & MENTAL/HRLY/SUM/HEALTH SERV	9,123	2,730.16	.00	.00	6,392.84	70
00644000-0032			PHYS & MENTAL/HRLY/WIN/HEALTH SERV	0	.00	.00	.00	.00	0
SUB-TOTAL			OBJECT 14000	15,527	2,730.16	.00	.00	12,796.84	82
AJOR TOTAL			OBJECT 10000	107,494	126,580.96	.00	.00	19,086.96	0
00644000-0032			CLERICAL/HEALTH SERVICES	228,532	61,078.37	.00	.00	167,453.63	73
00644000-0032			OTH CLAS/HEALTH SERVICES	0	177,565.65	.00	.00	177,565.65	0
SUB-TOTAL			OBJECT 21000	228,532	238,644.02	.00	.00	10,112.02	0
00644000-0032			STUDENT HELP/HEALTH SERVICES	0	.00	.00	.00	.00	0
00644000-0032			CLERICAL/HRLY/HEALTH SERVICES	0	.00	.00	.00	.00	0
00644000-0032			CLERICAL OVERTIME/HEALTH SERVICES	0	.00	.00	.00	.00	0
00644000-0032			OTH CLAS HRLY/HEALTH SERVICE	0	.00	.00	.00	.00	0
00644000-0032			OTH CLAS HRLY OT/HEALTH SERVICE	0	2,048.56	.00	.00	2,048.56	0
SUB-TOTAL			OBJECT 23000	0	2,048.56	.00	.00	2,048.56	0
AJOR TOTAL			OBJECT 20000	228,532	240,692.58	.00	.00	12,160.58	0
00644000-0032			STRS/OTH-HEALTH SERVICES	0	4,987.60	.00	.00	4,987.60	0
00644000-0032			STRS/OTH CERT-HEALTH SERVICES	12,419	8,489.36	.00	.00	3,938.64	32
SUB-TOTAL			OBJECT 31000	12,419	13,467.96	.00	.00	1,048.96	0
00644000-0032			PERS/CLAS-HEALTH SERVICE	0	.00	.00	.00	.00	0
SUB-TOTAL			OBJECT 32000	0	.00	.00	.00	.00	0
00644000-0032			QASDI/OTH-HEALTH SERVICES	0	11,158.78	.00	.00	11,158.78	0
00644000-0032			MEDICARE/OTH-HEALTH SERVICES	9,337	2,609.74	.00	.00	6,727.26	72
00644000-0032			MEDICARE/OTH CERT-HEALTH SERVICES	0	1,619.02	.00	.00	1,619.02	0
SUB-TOTAL			OBJECT 33000	9,337	15,387.54	.00	.00	9,396.04	0
00644000-0032			H/W-OTH CLASS-HEALTH SERVICES	43,502	38,796.24	.00	.00	4,705.76	11
00644000-0032			H/W-OTH CERT-HEALTH SERVICES	0	3,628.56	.00	.00	3,628.56	0
SUB-TOTAL			OBJECT 34000	43,502	42,424.80	.00	.00	1,077.20	2
00644000-0032			SUI/OTH CLAS-HEALTH SERVICES	482	310.19	.00	.00	171.81	36

ACCOUNT NUMBER	LOC	ACCOUNT NAME	CURRENT BUDGET	EXPEND	ENCUMB	PRE-ENC	BALANCE	PCNT LEFT
-00644000-0032		SUI/OTH CERT-HEALTH SERVICES	0	158.39	.00	.00	158.39-	0
SUB-TOTAL		OBJECT 35000	482	478.58	.00	.00	3.42	1
-00644000-0032		W/C-CERTIFIED-HEALTH SERVICES	4,065	2,820.29	.00	.00	1,244.71	31
-00644000-0032		W/C-CLAS-HEALTH SERVICES	0	1,498.15	.00	.00	1,498.15-	0
SUB-TOTAL		OBJECT 36000	4,065	4,318.44	.00	.00	253.44-	0
-00644000-0032		W/C CERT-HEALTH SERVICES	410	.00	.00	.00	410.00	100
-00644000-0032		DISIR RETIRE/HEALTH SERVICES	0	3.03	.00	.00	3.03-	0
SUB-TOTAL		OBJECT 38000	410	3.03	.00	.00	406.97	99
MAJOR TOTAL		OBJECT 30000	70,215	76,080.35	.00	.00	5,855.35-	0
-00644000-0032		REFER BOOKS/HEALTH SERVICES	0	.00	.00	.00	.00	0
SUB-TOTAL		OBJECT 42000	0	.00	.00	.00	.00	0
-00644000-0032		SUBSCRIPTIONS/HEALTH SERVICES	0	28.00	.00	.00	28.00-	0
SUB-TOTAL		OBJECT 43000	0	28.00	.00	.00	28.00-	0
-00644000-0032		SUBSCRIPTIONS/HEALTH SERVICES	0	.00	.00	.00	.00	0
-00644000-0032		SUPPLIES/HEALTH SERVICES	7,233	6,757.38	.00	.00	475.62	7
-00644000-0032		SOFTWARE LICENSE/HEALTH SERVICES	0	13,508.00	.00	.00	13,508.00-	0
-00644000-0032		PC UP GRADES/HEALTH SERVICES	0	.00	.00	.00	.00	0
SUB-TOTAL		OBJECT 44000	7,233	18,265.38	.00	.00	13,508.00-	0
MAJOR TOTAL		OBJECT 40000	7,233	20,393.38	.00	.00	13,160.38-	0
-00644000-0032		MILEAGE/HEALTH SERVICES	0	255.38	.00	.00	255.38-	0
-00644000-0032		CONFERENCE/HEALTH SERVICES	4,361	.00	.00	.00	4,361.00	100
SUB-TOTAL		OBJECT 52000	4,361	255.38	.00	.00	4,105.62	94
-00644000-0032		MEMBERSHIPS/HEALTH SERVICES	0	75.00	.00	.00	75.00-	0
SUB-TOTAL		OBJECT 59000	0	75.00	.00	.00	75.00-	0
-00644000-0032		INSURANCE/HEALTH SERVICES	0	.00	.00	.00	.00	0
-00644000-0032		STUDENT INSURANCE/HEALTH SERVICES	0	37,304.00	.00	.00	37,304.00-	0
SUB-TOTAL		OBJECT 54000	0	37,304.00	.00	.00	37,304.00-	0
-00644000-0032		RENTS/LEASES-HEALTH SERVICES	0	465.56	.00	.00	465.56-	0
-00644000-0032		REPAIR/HEALTH SERVICES	0	878.15	.00	.00	878.15-	0
-75532000-0032		EQUIPMENT/REPAIR-MATRICATION	0	.00	.00	.00	.00	0
SUB-TOTAL		OBJECT 56000	0	1,344.71	.00	.00	1,344.71-	0
-00644000-0032		OTH CONTR SRVCS/HEALTH SERVICES	0	.00	.00	.00	.00	0

*(Handwritten initials and circled numbers)*  
 (12/1) (1/1) (2/1) (3/1) (4/1) (5/1) (6/1) (7/1) (8/1) (9/1) (10/1) (11/1) (12/1)

NT NUMBER	LOC	ACCOUNT NAME	CURRENT BUDGET	EXPEND	ENCUMB	PRE-ENC	BALANCE	PCNT LEFT
SUB-TOTAL		OBJECT 58000	0	00	00	00	00	0
AJOR TOTAL		OBJECT 50000	4,351	38,979.09	00	00	34,618.09	0
00644000-0032		EQUIPMENT/HEALTH SERVICES	7,224	5,008.72	00	00	2,215.28	31
SUB-TOTAL		OBJECT 64000	7,224	5,008.72	00	00	2,215.28	31
00644000-0032		LEASE/PURCHASE-HEALTH SCIENCE	0	3,581.73	00	00	3,581.73	0
SUB-TOTAL		OBJECT 65000	0	3,581.73	00	00	3,581.73	0
AJOR TOTAL		OBJECT 50000	7,224	8,590.45	00	00	1,366.45	0

511,316.81

LOCATION TOTALS NUMBER OF ACCOUNTS 46 425,059 00 86,257.81 0

HEALTH

00-RI AS OF 06/89/02  
- SANTA MONICA COMMUNITY COLLEGE

P. B. A. S. ACCOUNT LIST IN D. P. L. SEQUENCE  
FY 01-02 03 - GENERAL FUND-RESTRICTED

PROCESSED 08/29/02  
PAGE 5

TOTAL P. 06

ACCT NUMBER	PROG	LOC	ACCOUNT NAME	CURRENT BUDGET	ADJUSTMENTS	INCOME	CASH DEPOSITS	BALANCE	PCNT LEFT
0-98490000-0029			ARTHUR IIS FOUNDATION PROJECT	0	0	0	0	0	0
0-94709000-0019			INCOME/PUBLIC TELE ENT/KCRW	0	0	0	0	0	0
0-13701080-0071			INCOME/BASIC SKILLS TRN FED EX	0	0	0	0	0	0
0-13701110-0071			INCOME/MICRO OFF 2000 TRNG	0	0	25,140.00	0	25,140.00	0
0-94647000-0040			LOCAL REV/SALERS & COMM-JOBTRAK-JDB	7,302	0	12,978.25	0	5,676.25	0
0-90649500-0021			INCOME/FINNS/INTERN'L STUDENT CTR	0	0	92,418.00	0	92,418.00	0
0-00642000-0032			STUDENT HEALTH FEES	0	0	0	0	0	0
0-00644000-0032			INCOME/HEALTH SERVICES	425,059	0	479,005.91	0	53,947.91	0
0-00644000-0084			INCOME/PSYCH SERVICES	193,723	0	212,609.34	0	18,886.34	0
0-33695000-0012			STUDENT PARKING FEES	948,191	0	562,126.86	0	13,935.86	0
1-33695000-0012			STAFF PARKING FEES	0	0	0	0	0	0
0-00000000-0000			LOCAL REVENUE-HOLDING	0	0	0	0	0	0
0-13647000-0071			INCOME/JOB PLACEMENT	0	0	0	0	0	0
0-13649500-0071			VENDOR PROB. INCOME	9,885	0	0	0	9,865.00	0
0-13701100-0071			INCOME/TELECOMM VOC TRAIN	0	0	0	0	0	0
0-33695000-0012			PARKING LDT INCOME	0	0	0	0	0	0
0-33695000-0031			INCOME/PSD OFFSET	151,864	0	28,066.25	0	28,066.25	0
0-62055000-0058			INCOME/MORPARK PARTNERSHIP	0	0	238,599.96	0	86,835.96	0
0-64709000-0019			INCOME/OTHER LOCAL GRANTS-KCRW	0	0	0	0	0	0
0-64709000-0019			INTERNET ROYALTIES-KCRW	0	0	0	0	0	0
0-00000000-0000			DISTRICT MATCH HOLDING	0	0	0	0	0	0
0-00000000-0000			TRANSFER IN HOLDING ACCOUNT	0	0	0	0	0	0
0-00644000-0032			TRANSFER IN-HEALTH SERVICES	0	0	0	0	0	0
0-24601000-0022			DISTRICT MATCH/BLOCK GRANT-SB160	0	0	0	0	0	0
0-24601000-0045			DISTRICT MATCH/BLOCK GRANT-SB160	0	0	0	0	0	0
1-58709000-0033			DISTRICT MATCH/FEDERAL WORK STUDY	193,627	0	173,986.63	0	19,640.37	0
1-66642000-0029			DISTR MATCH/DISABLED STUDENT	0	0	0	0	0	0
1-66642100-0029			DISTRICT MATCH/HEARING IMPAIRED	0	0	0	0	0	0
1-66642200-0029			DISTRICT MATCH/LEARNING DISABLED	0	0	0	0	0	0
1-78630000-0025			DISTR MATCH/MATRICATION	0	0	0	0	0	0
1-76630001-0025			DISTR MATCH INCOME/MATRIC THK TANK	0	0	0	0	0	0
1-77660000-0035			DISTRICT MATCH/STAFF DIVERSITY	0	0	0	0	0	0
1-53643000-0030			MATCH-INTERFUND TRAN/CAT. 8-EDPS	0	0	0	0	0	0
1-00000000-0000			ERROR ACCOUNT FOR OBJECT 8000	0	0	0	0	0	0
OBJECT TOTALS			NUMBER OF ACCOUNTS 61	5,732,197	0	6,204,411.26	0	472,214.26	0

LE LEDGER TOTALS NUMBER OF ACCOUNTS 267 17,105,959 .00 16,445,424.85 150,003.02 590,531.13 3

16,575,422.87

**CLAIM FOR PAYMENT**  
 Pursuant to Government Code Section 17561  
**HEALTH FEE ELIMINATION**

For State Controller Use only  
 (19) Program Number 00029  
 (20) Date File \_\_\_/\_\_\_/\_\_\_  
 (21) LRS Input \_\_\_/\_\_\_/\_\_\_

029

(01) Claimant Identification Number:

S19385

**Reimbursement Claim Data**

(02) Mailing Address:

(22) HFE - 1.0, (04)(b)

\$ 165,612

Claimant Name

(23)

Santa Monica Community College District

County of Location

(24)

Los Angeles

Street Address

(25)

1900 Pico Blvd.

City

State

Zip Code

(26)

Santa Monica

CA

90405-1628

Type of Claim

Estimated Claim

Reimbursement Claim

(27)

(03) Estimated

(09) Reimbursement

(28)

(04) Combined

(10) Combined

(29)

(05) Amended

(11) Amended

(30)

Fiscal Year of Cost

(06) 2003-2004

(12) 2002-2003

(31)

Total Claimed Amount

(07) \$ 170,000

(13) \$ 165,612

(32)

Less: 10% Late Penalty, but not to exceed \$1000

(14) \$ -

(33)

Less: Estimate Claim Payment Received

(15) \$ -

(34)

Net Claimed Amount

(16) \$ 165,612

(35)

Due from State

(08) \$ 170,000

(17) \$ 165,612

(36)

Due to State

(18) \$ -

(37)

**(38) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.

The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.

Signature of Authorized Officer

*Cheryl Miller*

Date

1/5/04

Cheryl Miller

Assoc. V.P. Business Services

Type or Print Name

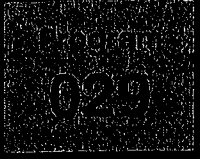
Title

(39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com



**MANDATED COSTS  
HEALTH FEE ELIMINATION  
CLAIM SUMMARY**

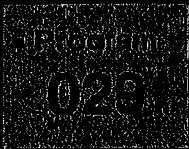
**FORM  
HFE-1.0**

<b>(01) Claimant:</b>	<b>(02) Type of Claim:</b>	Fiscal Year
<b>Claimant Name</b>	Reimbursement <input checked="" type="checkbox"/>	
Santa Monica Community College District	Estimated <input type="checkbox"/>	2002-2003

**(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)**

(a) Name of College	(b) Claimed Amount
1. Santa Monica City College	\$ 165,612.07
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
<b>(04) Total Amount Claimed</b>	\$ 165,612

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

	<b>MANDATED COSTS</b> <b>HEALTH FEE ELIMINATION</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>HFE-1.1</b>
----------------------------------------------------------------------------------	--------------------------------------------------------------------------------	-------------------------------

<b>(01) Claimant:</b>  Santa Monica Community College District	<b>(02) Type of Claim:</b> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>  Fiscal Year 2002-2003
----------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

**(03) Name of College** Santa Monica City College

**(04)** Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, **STOP**, do not complete the form. **No** reimbursement is allowed.

LESS       SAME       MORE

	Direct Cost	Indirect Cost of: 33.49%	Total
<b>(05) Cost of Health Services for the Fiscal year of Claim</b>	\$ 494,512	\$ 165,612	\$ 660,124
<b>(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87</b>	\$ -	\$ -	\$ -
<b>(07) Cost of providing current fiscal year health services at the 1986/87 level</b> [Line (05) - line (06)]	\$ 494,512	\$ 165,612	\$ 660,124

**(08) Complete Columns (a) through (g) to provide detail data for health fees**

Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code § 76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code § 76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per fall semester				\$ -		\$ -	
2. Per spring semester				\$ -		\$ -	
3. Per summer session				\$ -		\$ -	
4. Per first quarter				\$ -		\$ -	\$ -
5. Per second quarter				\$ -		\$ -	\$ -
6. Per third quarter				\$ -		\$ -	\$ -

<b>(09) Total health fee that could have been collected</b>	[Line (8.1g) + (8.2g) + .....(8.6g)]	\$ 494,512
<b>(10) Sub-total</b>	[Line (07) - line (09)]	\$ 165,612

**Cost Reduction**

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
<b>(13) Total Amount Claimed</b>	\$ 165,612

[Line (10) - {(line (11) + line (12))}]

**SANTA MONICA COMMUNITY COLLEGE DISTRICT  
CALCULATION OF INDIRECT COST RATE,  
FISCAL YEAR  
2001-2002**

For 02-03 claims

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
<b>INSTRUCTIONAL ACTIVITY</b>		
	<b>Instructional Costs</b>	
	Instructional Salaries and Benefits	48,137,488
	Instructional Operating Expenses	637,771
	Instructional Support Instructional Salaries and Benefits	699,832
	Auxiliary Operations Instructional Salaries and Benefits	466,220
	<b>TOTAL INSTRUCTIONAL COSTS 1</b>	<b>49,941,311</b>
	<b>Non-Instructional Costs</b>	
	Non-Instructional Salaries and Benefits	1,569,620
	Instructional Admin. Salaries and Benefits	4,398,515
	Instructional Admin. Operating Expenses	343,815
	Auxiliary Classes Non-Inst. Salaries and Benefits	1,979,893
	Auxiliary Classes Operating Expenses	2,979,852
	<b>TOTAL NON-INSTRUCTIONAL COSTS 2</b>	<b>11,271,695</b>
	<b>TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)</b>	<b>61,213,006</b>
<b>DIRECT SUPPORT ACTIVITY</b>		
	<b>Direct Support Costs</b>	
	Instructional Support Services Non Inst. Salaries and Benefits	4,094,910
	Instructional Support Services Operating Expenses	1,060,473
	Admissions and Records	3,213,768
	Counseling and Guidance	7,876,313
	Other Student Services	5,557,855
	<b>TOTAL DIRECT SUPPORT COSTS 4</b>	<b>21,803,319</b>
	<b>TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)</b>	<b>83,016,325</b>
	<b>Indirect Support Costs</b>	
	Operation and Maintenance of Plant	8,476,505
	Planning and Policy Making	4,295,609
	General Instructional Support Services	15,032,300
	<b>TOTAL INDIRECT SUPPORT COSTS 6</b>	<b>27,804,414</b>
	<b>TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS</b>	<b>110,820,739</b>
<b>SUPPORT COSTS ALLOCATION RATES</b>		
Indirect Support Costs Allocation Rate =	Total Indirect Support Costs (6) Total Instructional Activity Costs and Direct Support Costs (5)	33.49%
Direct Support Costs Allocation Rate =	Total Direct Support Costs (4) Total Instructional Activity Costs (3)	35.62%
Total Support Cost Allocation		69.11%



**MANDATED COSTS  
HEALTH FEE ELIMINATION  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
HFE-2.1**

(01) Claimant  Santa Monica Community College District	Fiscal Year  2002-2003	
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Accident Reports	X	X
Appointments		
College Physician, surgeon	X	X
Dermatology, Family practice	X	X
Internal Medicine		
Outside Physician		X
Dental Services		
Outside Labs, (X-ray, etc.,)	X	X
Psychologist, full services	X	X
Cancel/Change Appointments	X	X
Registered Nurse	X	X
Check Appointments		
Assessment, Intervention and Counseling		
Birth Control	X	X
Lab Reports	X	X
Nutrition	X	X
Test Results, office	X	X
Venereal Disease	X	X
Communicable Disease	X	X
Upper Respiratory Infection	X	X
Eyes, Nose and Throat	X	X
Eye/Vision	X	X
Dermatology/Allergy	X	X
Gynecology/Pregnancy Service	X	X
Neuralgic	X	X
Orthopedic	X	X
Genito/Urinary	X	X
Dental	X	X
Gastro-Intestinal	X	X
Stress Counseling	X	X
Crisis Intervention	X	X
Child Abuse Reporting and Counseling	X	
Substance Abuse Identification and Counseling	X	X
Eating Disorders	X	X
Weight Control	X	X
Personal Hygiene	X	X
Burnout	X	X
Other Medical Problems, list		
Examinations, minor illnesses		
Recheck Minor Injury		
Health Talks or Fairs, Information		
Sexually Transmitted Disease	X	X
Drugs	X	X
Acquired Immune Deficiency Syndrome	X	X
Child Abuse		

**MANDATED COSTS  
HEALTH FEE ELIMINATION  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
HFE-2.1**

(01) Claimant

Santa Monica Community College District

Fiscal Year

2002-2003

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.

(a)  
FY  
1986/87

(b)  
FY  
of Claim

Birth Control/Family Planning  
Stop Smoking  
Library, Videos and Cassettes

X X  
X X  
X X

First Aid, Major Emergencies  
First Aid, Minor Emergencies  
First Aid Kits, Filled

X X  
X X  
X X

## Immunizations

Diphtheria/Tetanus  
Measles/Rubella  
Influenza  
Information

X X  
X X  
X X  
X X

## Insurance

On Campus Accident  
Voluntary  
Insurance Inquiry/Claim Administration

X  
X  
X

Laboratory Tests Done  
Inquiry/Interpretation  
Pap Smears

X X

## Physical Examinations

Employees  
Students  
Athletes

X  
X  
X

## Medications

Antacids  
Antidiarrheal  
Aspirin, Tylenol, etc.,  
Skin Rash Preparations  
Eye Drops  
Ear Drops  
Toothache, oil cloves  
Stingkill  
Midol, Menstrual Cramps  
Other, list

X X  
X X  
X X  
X X  
X X  
  
X X

## Parking Cards/Elevator Keys

Tokens  
Return Card/Key  
Parking Inquiry  
Elevator Passes  
Temporary Handicapped Parking Permits

X X  
X X  
X X

**MANDATED COSTS  
HEALTH FEE ELIMINATION  
COMPONENT/ACTIVITY COST DETAIL**

**FORM  
HFE-2.1**

(01) Claimant

Santa Monica Community College District

Fiscal Year

2002-2003

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.

(a) FY 1986/87	(b) FY of Claim
----------------------	-----------------------

**Referrals to Outside Agencies**

Private Medical Doctor

Health Department

Clinic

Dental

Counseling Centers

Crisis Centers

Transitional Living Facilities, battered/homeless women

Family Planning Facilities

Other Health Agencies

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

**Tests**

Blood Pressure

Hearing

Tuberculosis

Reading

Information

Vision

Glucometer

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

**Miscellaneous**

Absence Excuses/PE Waiver

Allergy Injections

Bandaids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list...condoms for sale

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

**Committees**

Safety

Environmental

Disaster Planning

Skin Rash Preparations

Eye Drops

X

X

1-HEALTH Cost

ACCOUNT NUMBER	OBJ	PROG	LOC	ACCOUNT NAME	CURRENT			PRE-ENC	BALANCE	PCNT
					BUDGET	EXPEND	ENCUMB			
1600-00644000-0032				PHYSICAL & MENTAL/HEALTH SERVICES	105,940	109,778.00	.00	3,838.00-	0	
1700-00644000-0032				OTH EXTRA DUTY/HEALTH SERVICES	0	.00	.00	.00	0	
1800-00644000-0032				NON TEACH SABBATICAL/HEALTH SERV	0	.00	.00	.00	0	
* SUB-TOTAL					105,940	109,778.00	.00	3,838.00-	0	
1550-00644000-0032				COUNSELOR/HRLY/SUM/HEALTH SERVICES	0	.00	.00	.00	0	
1600-00644000-0032				PHYS & MENTAL/SUM/HEALTH SERVICES	0	.00	.00	.00	0	
1630-00644000-0032				PHYS & MENTAL/REG/HEALTH SERVICES	0	.00	.00	.00	0	
1650-00644000-0032				PHYS & MENTAL/HRLY/SUM/HEALTH SERV	0	9,977.00	.00	9,977.00-	0	
1670-00644000-0032				PHYS & MENTAL/HRLY/WIN/HEALTH SERV	0	6,784.80	.00	6,784.80-	0	
* SUB-TOTAL					0	16,761.80	.00	16,761.80-	0	
MAJOR TOTAL					105,940	126,539.80	.00	20,599.80-	0	
200-00644000-0032				CLERICAL/HEALTH SERVICES	60,211	63,222.88	.00	3,011.88-	0	
300-00644000-0032				OTH CLAS/HEALTH SERVICES	182,869	180,438.45	.00	7,629.45-	0	
* SUB-TOTAL					243,080	253,721.33	.00	10,641.33-	0	
1100-00644000-0032				STUDENT HELP/HEALTH SERVICES	0	.00	.00	.00	0	
1230-00644000-0032				CLERICAL/HRLY/HEALTH SERVICES	0	.00	.00	.00	0	
1240-00644000-0032				CLERICAL OVERTIME/HEALTH SERVICES	0	297.87	.00	297.87-	0	
1940-00644000-0032				OTH CLAS/OT-HEALTH SERVICES	0	7,022.41	.00	7,022.41-	0	
* SUB-TOTAL					0	7,320.28	.00	7,320.28-	0	
MAJOR TOTAL					243,080	261,041.61	.00	17,961.61-	0	
200-00644000-0032				STRS/OTH-HEALTH SERVICES	9,728	5,589.08	.00	4,139.92	43	
300-00644000-0032				STRS/OTH CERT-HEALTH SERVICES	6,455	10,439.62	.00	3,984.62-	0	
* SUB-TOTAL					16,183	16,027.70	.00	155.30	1	
1200-00644000-0032				PERS/CLAS-HEALTH SERVICES	5,676	5,282.92	.00	393.08	7	
* SUB-TOTAL					5,676	5,282.92	.00	393.08	7	
1200-00644000-0032				0ASDI/OTH-HEALTH SERVICES	13,220	11,684.73	.00	1,535.27	12	
1600-00644000-0032				MEDICARE/OTH-HEALTH SERVICES	3,894	2,732.70	.00	1,161.30	30	
1700-00644000-0032				MEDICARE/OTH CERT-HEALTH SERVICES	1,041	1,834.84	.00	793.84-	0	
* SUB-TOTAL					18,155	16,252.27	.00	1,902.73	10	
1200-00644000-0032				H/W-OTH CLASS-HEALTH SERVICES	40,841	49,407.83	.00	8,566.93-	0	
1300-00644000-0032				H/W-OTH CERT-HEALTH SERVICES	3,573	4,140.18	.00	567.18-	0	
* SUB-TOTAL					44,414	53,548.01	.00	9,134.01-	0	
1200-00644000-0032				SUI/OTH CLAS-HEALTH SERVICES	412	308.76	.00	103.24	25	
1310-00644000-0032				SUI/OTH CERT-HEALTH SERVICES	79	151.83	.00	72.83-	0	

ACCOUNT NUMBER	DBJ	PROG	LOC	ACCOUNT NAME	CURRENT BUDGET	EXPEND	ENCUMB	PRE-ENC	BALANCE	PCNT LEFT
* SUB-TOTAL				OBJECT 35000	491	460.59	.00	.00	30.41	6
6200-00644000-0032				W/C-CLASSIFIED-HEALTH SERVICES	4,038	3,018.81	.00	.00	1,019.19	25
6300-00644000-0032				W/C-CLAS-HEALTH SERVICES	769	1,484.34	.00	.00	715.34	0
* SUB-TOTAL				OBJECT 36000	4,807	4,503.15	.00	.00	303.85	6
8200-00644000-0032				W/C CERT-HEALTH SERVICES	0	.00	.00	.00	.00	0
8300-00644000-0032				DISTR RETIRE/HEALTH SERVICES	0	.00	.00	.00	.00	0
* SUB-TOTAL				OBJECT 39000	0	.00	.00	.00	.00	0
** MAJDR TOTAL				OBJECT 30000	89,726	96,074.64	.00	.00	6,348.64	0
2300-00644000-0032				REFER BOOKS/HEALTH SERVICES	100	.00	.00	.00	100.00	100
* SUB-TOTAL				OBJECT 42000	100	.00	.00	.00	100.00	100
3300-00644000-0032				SUBSCRIPTIONS/HEALTH SERVICES	100	.00	.00	.00	100.00	100
* SUB-TOTAL				OBJECT 43000	100	.00	.00	.00	100.00	100
5300-00644000-0032				SUBSCRIPTIONS/HEALTH SERVICES	0	.00	.00	.00	.00	0
5500-C-644000-0032				SUPPLIES/HEALTH SERVICES	7,000	9,057.12	.00	.00	2,057.12	0
5501-00644000-0032				SOFTWARE LICENSE/HEALTH SERVICES	3,200	.00	.00	.00	3,200.00	100
5503-00644000-0032				PC UP GRADES/HEALTH SERVICES	0	.00	.00	.00	.00	0
* SUB-TOTAL				OBJECT 45000	10,200	9,057.12	.00	.00	1,142.88	11
*** MAJDR TOTAL				OBJECT 40000	10,400	9,057.12	.00	.00	1,342.88	13
2100-00644000-0032				MILEAGE/HEALTH SERVICES	400	.00	.00	.00	400.00	100
2200-00644000-0032				CONFERENCE/HEALTH SERVICES	1,500	.00	.00	.00	1,500.00	100
* SUB-TOTAL				OBJECT 52000	1,900	.00	.00	.00	1,900.00	100
3000-00644000-0032				MEMBERSHIPS/HEALTH SERVICES	200	90.00	.00	.00	110.00	55
* SUB-TOTAL				OBJECT 53000	200	90.00	.00	.00	110.00	55
4100-00644000-0032				INSURANCE/HEALTH SERVICES	0	.00	.00	.00	.00	0
* SUB-TOTAL				OBJECT 54000	0	.00	.00	.00	.00	0
6300-00644000-0032				RENTS/LEASES-HEALTH SERVICES	727	655.23	.00	.00	71.77	10
6500-00644000-0032				REPAIR/HEALTH SERVICES	700	666.80	.00	.00	33.20	5
6500-75632000-0032				EQUIPMENT/REPAIR-MATRICULATION	0	.00	.00	.00	.00	0
* SUB-TOTAL				OBJECT 56000	1,427	1,322.03	.00	.00	104.97	7
8900-00644000-0032				OTH CONTR SRVCS/HEALTH SERVICES	100	.00	.00	.00	100.00	100
* SUB-TOTAL				OBJECT 58000	100	.00	.00	.00	100.00	100

ACCOUNT NUMBER	LOC	ACCOUNT NAME	CURRENT BUDGET	EXPEND	ENCUMB	PRE-ENC	BALANCE	PCNT LEFT
1100-0064000-0032		EQUIPMENT/HEALTH SERVICES	2,600	386.50	.00	.00	2,213.50	85
* SUB-TOTAL		OBJECT 64000	2,600	386.50	.00	.00	2,213.50	85
5200-0064000-0032		LEASE/PURCHASE-HEALTH SCIENCE	1,600	.00	.00	.00	1,600.00	100
* SUB-TOTAL		OBJECT 65000	1,600	.00	.00	.00	1,600.00	100
** MAJOR TOTAL		OBJECT 60000	4,200	386.50	.00	.00	3,813.50	91
** LOCATION TOTALS	NUMBER OF ACCOUNTS	44	456,973	494,511.70	.00	.00	37,538.70	0

ACCOUNT NUMBER	DBJ	PROG	LDC	ACCOUNT NAME	CURRENT BUDGET	ADJUSTMENTS	INCOME	CASH DEPOSITS	BALANCE	PCNT LEFT
6900-62689000-0071				STATE/DTH FUNDS-ETP	496,664	.00	50,280.00	.00	446,384.00	90
6900-64709500-0019				INCOME/STATE/CAC GRANT/KCRW	0	.00	29,149.55	.00	29,149.55	0
6900-64709503-0019				INCOME/KCRW-CAS-02/03	0	.00	.00	.00	.00	0
6900-97689000-0071				OTH STATE REVENUE/UJAI	10,000	.00	.00	.00	10,000.00	100
* DBJCT TOTALS				82	8,563,520	.00	5,097,245.08	10,750.00	2,455,524.92	29
8000-00000000-0000				LOCAL REVENUE HOLDING	665,531	.00	.00	.00	665,531.00	100
8000-00790000-0002				REVENUE RESERVE	0	.00	.00	.00	.00	0
8200-00677000-0031				INCOME/SMPD GRANT	0	.00	.00	.00	.00	0
8200-19701000-0071				INCOME/VELL GOODWILL	0	.00	.00	.00	.00	0
8200-20677000-0031				INCOME/SMPD GRANT	5,393	.00	.00	.00	12,500.00	0
8200-23649994-0028				INCOME/PICO PART CITY	0	.00	.00	.00	5,393.00	100
8200-23649995-0028				INCOME/PICO PART CITY	199,875	.00	168,177.00	.00	31,698.00	16
8200-30601000-0027				INCOME/CALHOKRS COUNTY 02/03	107,791	.00	97,019.69	10,779.10	.21	0
8200-34647000-0040				INCOME/JOBTRACK-JOB CENTER	4,770	.00	.00	.00	4,770.00	100
8200-34701000-0071				INCOME/BROADBAND-TELECOMM TRAIN	34,800	.00	1,740.00	.00	33,060.00	95
8200-38671000-0091				INCOME/MADISON THEATER-PROJECT	0	.00	14,032.00	.00	14,032.00	0
8200-43060000-0059				INCOME/EGCOLLEGE	0	.00	.00	.00	.00	0
8200-49602002-0064				INCOME/APA/B10MED - 01-02	11,413	.00	11,413.00	.00	.00	0
8200-49602003-0064				INCOME/APA-B10MED 02/03	20,000	.00	9,025.00	.00	10,975.00	55
8200-50602000-0071				INCOME SPL/A+VESL	0	.00	8,360.50	.00	8,360.50	0
8200-52602000-0045				INCOME/TITLE6 INT'L TRADE	0	.00	.00	.00	.00	0
8200-60649001-0064				TUITION AID/CHILD DEVELOP TRAINING	0	.00	111.00	.00	111.00	0
8200-60649002-0064				INCOME/CHILD DEV TRAIN '03	10,000	.00	5,625.00	2,925.00	1,450.00	15
8200-64709000-0019				DONATIONS/LOCAL-KCRW	3,548,255	.00	2,165,757.27	.00	1,381,497.73	39
8200-64709050-0019				INCOME TECH SUPPLIES KCRW	0	.00	72,465.00	.00	72,465.00	0
8200-72647000-0040				INCOME/JOB SVC CTR-JOB FAIR	0	.00	.00	.00	.00	0
8200-79602004-0109				INCOME/SCH TO CAREER	20,763	.00	26,372.00	.00	5,609.00	0
8200-80709100-0019				ST MONICA CITY COUNCIL/KCRW GRANT	0	.00	.00	.00	.00	0
8200-84649901-0109				INCOME/COMM BRIDGE-SIMON GRANT	0	.00	.00	.00	.00	0
8200-84649902-0109				INCOME/SIMON GRANT-02/03	100,000	.00	19,902.25	.00	80,097.75	80
8200-92130510-0071				INCOME/PROP 10	208,909	.00	110,036.00	.00	98,873.00	47
8220-64709400-0019				INCOME/PUBLIC TELE ENT-KCRW	4,588	.00	4,825.55	.00	238.55	0
8220-94709000-0019				INCOME/PUBLIC TELE ENT/KCRW	0	.00	.00	.00	.00	0
8760-13701100-0071				INCOME/MICRO OFF 2000 TRNG	834,740	.00	31,835.00	.00	31,835.00	0
8760-00642000-0032				DO NOT USE	0	.00	1,525,282.00	.00	690,542.00	0
8760-00644000-0032				INCOME/HEALTH SERVICES	456,973	.00	494,512.20	.00	37,539.20	0
8760-00644000-0084				INCOME/PSYCH SERVICES	212,609	.00	178,676.60	.00	33,939.00	16
8810-33695000-0012				STUDENT PARKING FEES	1,022,395	.00	1,009,147.50	.00	13,247.50	1
8811-33695000-0012				STAFF PARKING FEES	0	.00	96,296.28	.00	96,296.28	0
8900-33695000-0012				PARKING LDT INCOME	151,864	.00	242,309.74	.00	90,445.74	0
9000-00000000-0000				DISTRICT MATCH HOLDING	76,388	.00	.00	.00	76,388.00	100
9800-33695000-0012				TRANSFER IN-PARKING	0	.00	.00	.00	.00	0
9800-58709000-0033				DISTRICT MATCH/FEDERAL WORK STUDY	216,301	.00	172,420.00	.00	43,881.00	20
9800-64709503-0019				INCOME/MATCH-KCRW-02/03	0	.00	.00	.00	.00	0
9999-00000000-0000				ERROR ACCDUNT FOR OBJECT 8000	0	.00	.00	.00	.00	0
* DBJCT TOTALS				NUMBER OF ACCOUNTS 41	6,429,520	.00	6,479,126.98	13,704.10	53,311.08	0