

**California Department of Developmental Services
GRANTS FOR ENHANCED COMMUNITY INTEGRATION FOR
CHILDREN AND ADOLESCENTS ARPA FUNDING
Regional Center Claim**

DATE: _____ SEND PAYMENT TO: NAME: _____ ADDRESS: _____ _____
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Regional Center Name	Contract Number	Service Month/Year of Claim

DESCRIPTION	NET
REGIONAL CENTER – SOCIAL REC	
TOTAL NET CLAIM	

The organization's Executive Director or Official Authorized Representative hereby certifies that the amounts claimed are in accordance with Grants for Enhanced Community Integration for Children and Adolescents (Social Rec Grants) from April 1, 2023 through December 31, 2023. These funds shall be utilized for authorized activities only. Regional centers shall maintain the necessary supporting documents and records to disclose fully the extent of all Social Rec Grants expenditures claimed. Such records and any other information regarding payments claimed shall be subject to Department request and/or audit.

Name: _____ Title: _____
 Signature: _____ Date: _____

Internal Use by Department of Developmental Services

Authorized by: _____ Signature: _____
 Date: _____

DDS Accounting Use Only:

Fi\$Cal	Short Description	Description	Program	Appropriation Reference	Fund	Project
95571	ComIntegt	Enhanced Community Integration for Children and Adolescents	4140015	101	8507	4300HCBARPA8507/ ENHCOMMINTGRTN