

**California Department of Developmental Services
EARLY START - AMERICAN RESCUE PLAN ACT (ARPA) FUNDS
Regional Center Claim Form**

DATE: _____ GRANT NUMBER: <u> H181X210037 </u> SEND PAYMENT TO: NAME: _____ ADDRESS: _____ _____	INITIATIVE (SELECT ONE): <input type="checkbox"/> Family Wellness <input type="checkbox"/> Developing Culturally & Linguistically Sensitive Services: <input type="checkbox"/> Provider Network <input type="checkbox"/> Provider Training <input type="checkbox"/> Increase Technical Assistance <input type="checkbox"/> Improving Part C to B Transitions <input type="checkbox"/> Targeted Outreach & Education <input type="checkbox"/> Technology to Improve Access to Early Start
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Regional Center Name	Contract Number	Service Month/Year of Claim

DESCRIPTION	NET
Early Start Part C (ARPA)	
TOTAL NET CLAIM	\$

Please include a copy of the state claim report with the submission of this claim form.

The organization's Executive Director or Official Authorized Representative hereby certifies that the amounts claimed are in accordance with APRA for Part C funds allocated from Fiscal Year 2021-2022. These funds shall be utilized for authorized Part C activities only. Regional centers shall maintain the necessary supporting documents and records to disclose fully the extent of all ARPA for Part C 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 the Department of Developmental Services

Authorized by: _____
 Signature: _____ Date: _____

DDS Accounting Use Only

Fi\$Cal	Short Description	Description	Program	Appropriation Reference	Fund	Project
97902	EIPESCARPA	EIP E/S Part C-ARPA	4140027	10103	0890	4300ES841810