

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS  
VETERANS SERVICES DIVISION  
NET COUNTY COST SUMMARY (JANUARY 1 - JUNE 30, 2016)**  
*Semin-Annual Claim for Subvention Funds for the same period must be attached to this form*

COUNTY: \_\_\_\_\_

		Preliminary OR Adopted Budget FY 2016-2017	2nd SIX-MONTH JAN - JUNE, 2016 EXPENDITURES
<b>Staffing</b>			
<b>Filled Positions</b>			
Accredited VSR/VBC/VCR	FTE	_____	_____
Non-Accredited VSR/VBC/VCR	FTE	_____	_____
Support Staff	FTE	_____	_____
<b>Total filled FTE</b>		=====	=====

<b>Expenditures</b>			
<u>Direct Costs</u>			
Personnel Expenditures	A	_____	_____
Operating Expenditures	B	_____	_____
<i>Total Direct Costs (Sum of lines A plus B)</i>	C	\$ -	\$ -
<u>Indirect Costs (I.e. Overhead)</u> (List by type/source if available: A87, COWCAP, etc)			
A87	D	_____	_____
COWCAP	E	_____	_____
HHSA	F	_____	_____
Admin Sup, Cler Sup:	G	_____	_____
<i>Total Indirect Costs (Sum of lines D, thru G)</i>	H	\$ -	\$ -
<b>Total Costs</b> (Sum of lines C plus H)	I	\$ -	\$ -

<b>Local Revenue (DO NOT report revenue received from CalVet (subvention, medi-cal, vsf) )</b>			
Other Local _____	I	_____	_____
Other Local _____	J	_____	_____
Other Local* _____	K	_____	_____
<b>Total Local Revenue</b> (Sum of lines I thru K)	M	\$ -	\$ -

\* Insert lines if necessary

**TO BE FILLED IN BY CDVA ONLY**

CDVA Subvention	I	_____	_____
CDVA MediCal Cost Avoidance	J	_____	_____
CDVA VSOB	K	_____	_____
<b>NET COUNTY COST</b>	\$	\$ -	\$ -