

EXAMPLE OF MONTHLY CALTRANS LIITER ABATEMENT COSTS

Each organization utilizing Caltrans funds must keep a record on file that includes a listing of all costs incurred each month and the total costs of each item. Following is an example of a breakdown of Caltrans costs included in a daily total reimbursement rate.

Caltrans Parolee Work Crew Training Program

	Actual Costs
Crew Member Wages	
Wages (based on \$10.00 per hour/ 8 hour days/5 days a week/ times number of Crews)	\$6,400.00
Taxes	\$89.60
	\$6A89.60
Crew Supervisor Wages (drivers and supervisor)	
Wages	\$2,000.00
Taxes	\$625.00
Benefits	\$787.50
	\$3,412.50
Insurance	
Liability	\$13.50
Worker's Comp	\$312.35
Health Ins	\$93.00
	\$418.85
Operational Costs	
Telephone and Utilities	\$607.50
Consumables	\$189.00
	\$796.50
Vans/Trailers (per Van/per Month)	
Vehicle Insurance	\$41.10
Van Maintenance	\$82.10
Trailer Maintenance	\$4.18
Fuel	\$490.00
Portable Toilets	\$337.50
	\$954.88
Administrative Oversight	
Professional Services (payroll/human resources)	\$168.93
Benefits	\$50.68
Indirect Costs	\$1,207.23
	\$1,426.84
TOTAL COSTS	\$13,499.17

City of Oakland
California Department of Corrections and Rehabilitation
Caltrans Parolee Work Crew Program

**MONTHLY INVOICE
CALTRANS PAROLEE WORK CREW PROGRAM**

SERVICE MONTH: _____

AGREEMENT NUMBER: _____

PURCHASE ORDER NUMBER: _____

OF CONTRACTOR
CITY OF OAKLAND
150 FRANK OGAWA PLAZA, SUITE 4340
OAKLAND, CA 94612

TO: California Department of Corrections and Rehabilitation
Division of Rehabilitative Programs
ATIN: Tina Hurtado, Contract Manager
PO Box 942883
Sacramento, CA 94283-0001

In accordance with Agreement, payment is requested for satisfactory services provided on the following dates:

Total Number of Crews Worked for the Month	_____
Number of Days Worked During Billing Period	_____
Daily Per Work Crew Compensation Rate	<u>\$1,550.00</u>
TOTAL PAYMENT REQUESTED	<u>\$0</u>

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the contractor named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of amounts due and complies with Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF PROGRAM DIRECTOR-----,

SIGNATURE OF CDCR PROGRAM MANAGER / DATE

PROGRAM DIRECTOR NAME (TYPED)

CDCR PROGRAM MANAGER NAME (TYPED)

CONTACT PHONE NUMBER / EMAIL ADDRESS (TYPED)

CONTACT PHONE NUMBER / EMAIL ADDRESS (TYPED)

CALTRANS FORM #1

Bay Area Caltrans Parolee Work Crew

Crew Leader:

Van Number: _____

Crew Member	CDC#	Monday	Tuesday	Wednesday	Thursday	Friday	Regular	Signature	Initials
							Hours	Comments	

Crew Leader Signature: _____ **Date:** _____

**CITY OF OAKLAND
 BAY AREA CALTRANS PAROLEE WORK CREW PROGRAM
 REGISTER OF PARTICIPATION**

CONTRACTOR LOCATION:					
MONTH / YEAR:					
VAN IDENTIFIER:					
Date	Crew Size	Hours Worked	Site Location	Crew Supervisor Name	#Filled Trash Bags
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total Number of Days Worked: _____

Total Number of Parolee Crews Members: _____