

Counselor Training and Certification – Expenditure Cover Sheet

Agency: _____

Counselor Name: _____

This cover sheet should be used in conjunction with the Counselor Training and Certification – Expenditure Workbook provided by SAPC.

Tuition/Paid Time Off (1-E) Start Up Funds or Deliverables

Please complete one expenditure cover sheet per staff and attach proof of expenditures as enclosures, labeled and listed according to the table below. Check either Option A or Option B based on whether the staff received Start Up Funds (Option A) **or** is submitting for reimbursement as a deliverable and the staff did not receive Start Up Funds (Option B).

☐ **Option A: Start Up Funds** (See Start Up Tab in Workbook)

Proof of Expenditures Required to Avoid Recoupment

☐ **Option B: Deliverable Based** (Provider submitting new eligible counselor names for up to \$2,500 reimbursement on Deliverable tab in Workbook)

All Eligibility Criteria must be met: 1) SAPC credentialed direct service registered counselor 2) employed as of April 1, 2023 3) Has not participated in Tuition Incentive Program (TIP) 4) Did not receive start up funding under this category in FY's 23-24 or 24-25.

Directions: Please indicate the category, item, and corresponding dollar amount in the table below. Include these items in the submission of the package that show proof of expenditures. Use the provided item label to name the corresponding item enclosed in the attachments. See example:

Item Label	Category	Item	Amount (\$)
<i>Example</i>	<i>Copy of Canceled Checks</i>	<i>Tuition</i>	<i>\$500.00</i>
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			

Total Amount Spent (Sum of above expenditures, max \$2,500): _____

*If Option A (Start Up Fund expenditure) was selected above, the total reflects how much of the start up funds were spent (max \$2,500). DPH-SAPC will recoup the remaining amount (\$2,500 – the total spent).

**If Option B (Deliverables) was selected above and no Start Up Funds were provided, the total spent amount reflects how much DPH-SAPC will provide as reimbursement (max \$2,500).

Counselor Attestation:

I, _____, attest that the above amounts were reimbursed to me for education costs or time spent towards education.

X _____ Date _____

Please indicate why signature not obtained: _____

Certification Obtained (1-F)

Was certification obtained? Proof of certification is required for reimbursement. Yes/No

☐ Certificate enclosed

Amount (1-F): \$2,500

Total for 1-F \$: _____

Submission

Please submit a zipped folder including the following: 1) Expenditure Workbook (must be excel format), 2) a PDF per staff including the Cover Sheet and labeled expenditures, and 3) Invoice - Workforce Development to sapc-cbi@ph.lacounty.gov by **6/30/2025**. Multiple submissions are accepted as all staff do not need to be submitted at the same time. The same Expenditure Workbook will be utilized for all submissions.

Name/email of agency staff submitting: _____ Date: _____

SAPC PROGRAM ONLY SECTION BELOW

1-E Expenditures (total spend amount): _____

Option A:

1-E Recoupment (\$2,500-total spent): _____

Option B:

Eligibility confirmed? Yes/No

1-E Deliverable Amount (reimbursement up to \$2500): _____

☐ **1-F Certification Validated**

1-F Amount: _____

Reviewer Name: _____

Date: _____

Approved/Denied

SAPC Disposition

SAPC FINANCE ONLY SECTION BELOW

Reviewer Name: _____

Date: _____

Approved/Denied

Finance Disposition

Capacity Building Workforce Development

FY 24/25 Counselor Expedited Training (1-E) and Certification (1-F)

Submit with workbook to SAPC-CBI@ph.lacounty.gov