**Template Instructions**

This template provides the detailed instructions and examples for the APD types “SAWS” and “Generic.”

1. Enter the Title, County Name, and Submission Date on the Cover Page.
2. Enter one of the following APD Types:

* Generic
  + Program funding source does not directly benefit any specific program but instead indirectly benefits multiple programs
* SAWS
  + Program funding source is welfare-related (e.g. CalWORKs, Medi-Cal, SNAP). No CWS-related program funding source

1. Do not fill in the Tracking Number.
2. Fill Sections 1 through 7 by replacing the {Enter Text} with the information required. Examples are shown in *italicized* text while instructions are provided in **bold** text.
3. Fill in Section 8, Contact Information.
4. The completed APD should be submitted to: [Project.approvals@osi.ca.gov](mailto:Project.approvals@osi.ca.gov)

|  |
| --- |
| **California Health and Human Services Agency**  Office of Systems Integration (OSI)  Title: Enter Title  County Name: Enter the County Name  **APD Submission Date: Enter Date as Month Name, Day, 4-Digit Year** |

**APD Type:**

**SAWS or GenericTracking Number\*\*:**

|  |
| --- |
|  |

**(\*\*SAWS Project Office will assign tracking number)**

# *Description of Request*

**Describe the nature and scope of the acquisition. Specify if this is a purchase of computer equipment, software, or services. Specify planned purchase/implementation date and/or period of performance for services.**

{Enter text}

*Examples:*

* *“The county needs to purchase 6 personal computers (PCs), 2 laptops, and 2 printers for eligibility workers in the County Department of Social Services. Items will be purchased in March 2XXX, and warranty services will be purchased for 4 additional years.”*

Table 1‑1 APD Summary

|  |  |
| --- | --- |
| **Items Description** | **Cost** |
| * Services: |  |
| * Hardware: 6 PCs, 2 Laptops, 2 Printers | $10,951 |
| * Software: COTS Licenses for PCs | $ 2,267 |
| **Total:** | $13,218 |

* “*The county needs to redesign/develop and migrate the department intranet site to the county-wide enterprise portal. The county plans to complete this project in FY 2XXX/XX.”*

Table 0‑1 APD Summary

|  |  |
| --- | --- |
| **Items Description** | **Cost** |
| * Services: application development | $10,000 |
| * Hardware: |  |
| * Software: |  |
| **Total:** | $10,000 |

# Business Justification

**Describe why this acquisition is necessary. Identify distinct and specific business problems being solved or benefits to be gained which are not currently being supported and how the acquisition requested through this APD will provide the identified benefits or resolve the identified business problems. Identify if the acquisition is a tech refresh of components of a SAWS Consortia System or a Separate Services agreement under an existing SAWS Consortia System primary vendor contract.**

{Enter text}

*Examples:*

* *“We need to purchase 6 personal computers (PCs), 2 laptops, and 2 printers for eligibility workers in Department of Human Assistance because…”*
* *“We need workstations to support additional staff hired for (Name of Program or organization) because of increased caseload…;”*
* *“We are opening a new site in an underserved area of the county and …;”*
* *This hardware/software is part of tech refresh for name of SAWS Consortia System (e.g. CALWIN, C-IV). The county has collaborated with the consortium to determine acquisition meets system specifications. . .*
* *“The extended warranties for the workstations have expired and the failure to replace the equipment may result in higher costs associated with repair and maintenance…”*
* *“This request is necessary to improve the efficient administration of public welfare programs because…”*

## Prior APD Approvals

**Specify related, previously approved APDs by OSI assigned Tracking Number and a brief description of the relationship. If none apply indicate with “None”.**

{Enter Text}

*Example:*

* *“This request is an increase to the cost of the project originally requested in APD #XX-XX-XXXX.”*

# Impact on Operations and Programs

**How will failure to approve this APD request impact current operations and the county’s effective and efficient administration of State public assistance programs? State N/A if this section is not required for this APD.**

{Enter Text}

*Example:*

* *“N/A”*

# Benefiting Programs

**List the programs that will benefit from the use of the goods or services and briefly explain how the programs are benefited.**

{Enter Text}

*Examples:*

* *“The Agency will benefit from the intranet tool, but each department within the agency will also have department specific content. Following are the benefiting programs:*
  + *General Administration*
  + *Child Welfare Services*
  + *Adult Services*
  + *Medi-Cal*
  + *SNAP*
  + *CAPI*
  + *CalWORKs”*
* *“Equipment will be used to upgrade the county Local Area Network (LAN) and will benefit the XXXXXXX program(s) because … ”*
* *“These software licenses will benefit IHSS by allowing individual users to . . . “*

# Cost and Cost Allocation

**Provide a detailed description of the goods and/or services to be purchased, estimate of the costs to be incurred with the APD, and how those costs are subsequently allocated to the benefiting programs.**

## Acquisition Costs Description

**Provide a detailed description of the goods and/or services to be purchased and estimate of the costs to be incurred with the APD Provide a list of one-time and recurring costs that detail unit costs, peripheral equipment, extensions, and totals.**

*Examples:*

* *Use CWS/CMS Cost Detail Spreadsheet, or a table such as the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Position*** | ***Rate*** | ***Hours*** | ***Cost*** |
| *App. Dev. Manager* | *$125* | *1* | *$125* |
| *Database Adminstrator* | *$150* | *4* | *$600* |
| *Track Lead* | *$130* | *2* | *$260* |
| *Programmer* | *$105* | *4* | *$420* |
| *QA Specialist* | *$80* | *1* | *$80* |
| *Total* |  |  | *$1,485* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qty | Description | Item # | Price | Extended |
| 16 | (brand name) E-4610S Power User (Small Form Factor) Desktop Computers | E-4610S | $679.00 | $10,864.00 |
| Sub-Total: | | |  | $10,864.00 |
| Tax @: | | | 7.25% | $787.64 |
| State Administration and Contract Fee | | | 1.98% | $215.11 |
| Total: | | |  | $11,866.75 |

## Cost Allocation Methodology

**Cost Allocation Methodology may be fully described or Self-Certified:**

### Self-Certified

* **Describe the cost allocation methodology used to allocate the costs of this request to the benefiting programs**
* **Include the signed Statement of Certification with the APD package**

{Enter Text}

*Examples:*

* *“As this project will benefit all of our service programs, the expenditures will be spread as a generic overhead cost through the County Expense Claim (CEC).”*
* *“The SAWS Consortium System sharing ratios were used to estimate the allocation of costs to each program. The established funding ratios for each program were used to estimate the total State, Federal and County shares of cost.”*

### Fully described

* **Describe the cost allocation methodology to be compliant with OMB Circular A-87**
* **Must be consistent with Section 4**
* **Must be in compliance with the federally approved County Welfare Department Cost Allocation Plan**

{Enter Text}

*Examples:*

* *“The cost allocation includes every program benefiting from the project. As this project will benefit all of our service programs, the expenditures will be spread as a generic overhead cost through the County Expense Claim (CEC) and allocated as such on a quarterly basis as caseload to the function groups then by time study to the programs.*

*The costs for this APD could not be reasonably identified and charged to the appropriate category and benefiting program. Attachment C describes how the costs will be spread using the most recent four quarters of time study data from the County Expense Claim in Part 1 (Quarter 2,3,4 of FY 2005-06 and Quarter 1 of FY 2006-07. Time study reporting and the distribution of labor create the base for allocating charges to the correct program. This methodology is consistent with CDSS’ federally approved County Welfare Department’s Cost Allocation Plan. All other allocation percentages have been charged to the appropriate program code. The division of Cost Allocation, CHHS, has approved this cost allocation methodology in accordance with instructions in ACF Action Transmittal (AT) ACFJ-OISM-001, issued on February 24, 1995. Casework hours will vary by quarter and subsequently change program ratios that could change the program share of cost from one quarter to the next. Therefore, actual costs will be spread based on actual time study data within the claim in which the expenditure will be included.*

*For budget purposes, the percentage used for the discount rate on the Non-SACWIS items are based on average Fed/Non-Fed caseload percentages for the most recent four quarters. The actual percentages to program costs may change since the most current data (time studies and discount date) will be used to allocate the actual costs to the Social Services Function.*

*In Part 2, the Social Services function group is further broken down using the percentage distribution from Part 1 and is broken down by Program Code and discounted as appropriate for the Non-Federal IV-E.”*

* *“The requested computer equipment benefits several programs that fall under the Social Services, CalWORKs, and Other Public Welfare functions. The actual case counts from the 3rd quarter County Expense Claim were used to estimate each function’s share of the total cost. See table below:*

|  |  |  |
| --- | --- | --- |
| *Function* | *Case Count Ratio* | *Allocated cost* |
| *Social Services* | *0.22* | *$8,592* |
| *CalWORKS* | *0.32* | *$12,497* |
| *Other Public Welfare* | *0.46* | *$17,964* |
| *Total* | *1.00* | *$39,053* |

# Method of Procurement

**Cost Allocation Methodology may be Self-Certified or fully described:**

## Self-Certified:

* **Include the signed Statement of Certification to the APD package**
* **Provide a statement of the Procurement Methodology**

{Enter Text}

*Examples:*

* *“The equipment will be purchased using our competitively bid County Master Agreement. A signed Procurement Statement of Certification has been included with the APD.”*
* *“The service contract will be procured sole source from [Company Name] because it is the only company that can provide . . .”*

## Fully described:

**When providing a full description of the procurement method, explain how the equipment, software, or services will be purchased and include all related procurement documents including RFPs, SOWs, Bids, Unexecuted Contracts, Leveraged Procurement Vehicles, etc. Also, briefly describe:**

**In General:**

* **How procurement will be advertised, who will be allowed to bid & selection method**
* **Local Preference – why your local preference does not apply, if one exists**
* **Audit Clause – where you will include the required federal clause**

**For Small/Informal purchase:**

* **Applicable county policy and number of quotes that will be obtained**

**For Sole Source:**

* **Applicable county policy**
* **Justification for using sole source**
* **Cost or Price Analysis required by federal regulation**

**For Contract Amendment:**

* **Whether the base contract previously received State or federal approval**
* **If not, how base contract met all federal procurement requirements**

{Enter text}

*Examples:*

* *“The equipment will be acquired through a county master purchase agreement procured through a competitive bid process that was (1) open to the public, (3) not inclusive of any local preference, and (3) awarded on the basis on the vendor’s compliance with county contractual terms and conditions. Our county policy allows us to notify 3 vendors on the approved list and select the lowest cost quote. (See Exhibit A, p. 3). We will place the required audit clause on our purchase order, a draft copy of which is attached, as is the RFP and Contract for the master agreement.”*
* *“The software maintenance services will be acquired though a sole source purchase permitted by our county policy when only one vendor can fulfill the county’s need. (See Exhibit A, p. 5). In this case the software licensing restrictions require us to use the services of this company for maintenance. (See Exhibit B, Software License, p. 2). Our market survey of hourly rates demonstrated that the rates being charged are reasonable for software maintenance. (See Exhibit. C, Market Survey). We will place the required audit clause in our Statement of Work, a draft of which is attached as is the draft contract.”*

# Cost Benefit Analysis

**Provide a narrative analysis that shows the benefits compared to the costs. Identify the cost savings and/or benefits in quantitative or qualitative terms as appropriate to the acquisition.**

{Enter text}

*Examples:*

* *“Staff Savings: This acquisition saves 50 workers 30 minutes per day, leading to productivity and time gains that would allow these staff more time for delivery of XX services. This would eliminate the need to hire additional staff. (Explain how the minutes were determined, i.e. time study, observation or survey of a sample of workers, etc).”*
* *“This acquisition will improve the quality of services by reducing client wait time”.*
* *“This acquisition will eliminate the substantial cost of repairs…”*
* *“This acquisition will reduce travel expenses…”*
* *“By automating this manual process, social workers will no longer be required to the travel to the XXXX office to complete the work. The benefit analysis calculation is based on 10 workers traveling and average of 50 miles to-and-from the XXXXX office (based on Map Quest).*
  + *50 miles/travel X $0.50 per mile = $25.00 per trip*
  + *50 weeks/year X $25.00/trip = $1,250.00 /year in travel costs*
  + *10 workers X $1,250.00/year = $12,500.00 annually*
  + *$25,000 total project costs / $12,500.00 travel costs annually = 2 years payback period”*
* *“Using historical data, the acquisition and implementation of this automated system will save the County an estimated $XXXXXXXX from the reduction in overpayments.* 
  + *Cost of System $10,000.00 = 2 year payback period*
  + *Potential Savings per Year $5,000”*

# County Contact Information

## County APD Preparer (Required)

|  |  |
| --- | --- |
| **Name of County Contact:** | Enter Name |
| **Position:** | Enter Title |
| **Department Name:** | Enter department name |
| **Business Telephone Number:** | Enter Work telephone number including area code |
| **Cell Phone Number:** | Enter Cell telephone number including area code |
| **Business FAX Number:** | Enter FAX telephone number including area code |
| **Email Address:** | Enter Email address |

## Additional County Contact (Optional)

|  |  |
| --- | --- |
| **Name of County Contact:** | Enter Name |
| **Position:** | Enter Title |
| **Department Name:** | Enter department name |
| **Business Telephone Number:** | Enter Work telephone number including area code |
| **Cell Phone Number:** | Enter Cell telephone number including area code |
| **Business FAX Number:** | Enter FAX telephone number including area code |
| **Email Address:** | Enter Email address |