

# 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).

SAMPLE

### 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](mailto: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](mailto:SAPC-CBI@ph.lacounty.gov)

**SAMPLE**

**A**

**SAMPLE**  
**Check Request Form**

Agency Name: Example SAPC Agency

Date of request: 8/20/24

Person Requesting: Supervisor 1

Make Check Payable to: Minnie Mouse

Description: Certification Testing Fees with Certifying Organization

Amount: **\$150**

Payee: Minnie Mouse

Staff Name signature: Minnie Mouse

Mailed check to Payee

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SAMPLE**

**B**

Certification Organization Name

3/15/2025

Confirmation of Payment and Enrollment

Greetings Minnie,

This letter is to confirm your enrollment into our educational program required to obtain certification as a registered SUD Counselor. Minnie Mouse has provided payment for **tuition** into our education program in the amount of **\$2,250.**

Please find additional details below:

Program Start Date: 1/20/24

Program End Data: 12/30/25

Should you have any further questions, please reach out at [example@certifyingorganization.org](mailto:example@certifyingorganization.org)

**SAMPLE**

C

Bank Name  
Address

Date: xx/xx/xxxx

Pay to the Order of: **Minnie Mouse**

\$ 100

One Hundred DOLLARS

For: Books for SUD educational program

Signature: *Example*

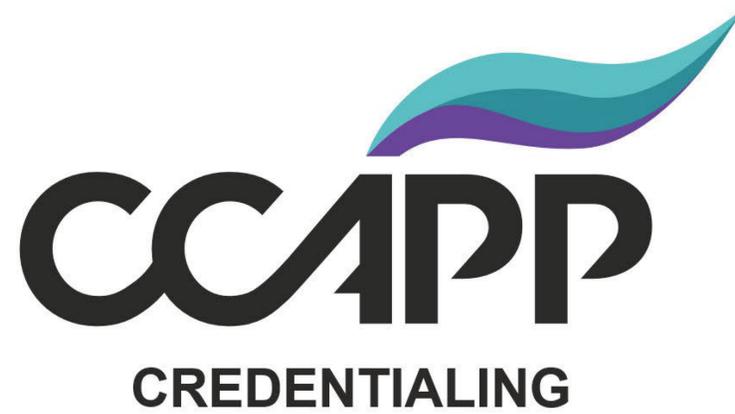
*Routing Number*

*Check Number*

*Account Number*

SAMPLE

California Consortium of Addiction Programs and Professionals



This is to certify that

Sample Staff Name



is accredited as

Certified Alcohol and Drug Counselor I (CADC I)

  
CCAPP Credentialing Chair

  
Valid From

  
Valid To

  
Credential Number

  
CCAPP Credentialing Secretary

  
Original Issue Date