

Annual CCDF Salary Cap Analysis - Certification Form 2020

Entity Name / Number: _____

Submission Date: _____ **note (1)**

Name / Management Representative: _____

Title: _____ **Executive Director/President/CEO**

Name / Management Representative: _____

Title: _____ **Director of Finance/Controller/CFO**

Review Date by OEL staff _____ *OEL only*

Approved / Declined _____ *OEL only*

Assertion or Question #	CCDF Salary/Bonus limitations/caps	YES / NO
-------------------------	------------------------------------	----------

Management asserts the following:		
1 note (2)	We are aware the salary/bonus cap applies to all salaries, whether they are direct costs or charged through indirect cost rates. An analysis of 2020 salaries for staff has been performed. Any amounts determined to be paid using CCDF funds in excess of the 2020 cap (\$197,300) have been adjusted and paid from non-federal sources.	<i>provide ELC's response here</i>
2	We are aware the salary/bonus cap also applies to all recipients and subrecipients. An analysis of salaries and/or hourly rates for service providers has been performed. Any amounts determined to be paid using CCDF funds in excess of the 2020 cap (\$197,300) have been adjusted and paid from non-federal sources.	<i>provide ELC's response here</i>
3	We are aware salaries paid by multiple funding sources must be allocated and calculated accordingly. Our analysis of these calculations includes adequate documentation of actual time/efforts based on PARs or other similar data for all entity staff and staff of entity's subrecipients paid using CCDF funds.	<i>provide ELC's response here</i>
4	We confirm the necessary salary/bonus cap analysis has been completed and written documentation of our 2020 analysis is available for review by OEL or other awarding agencies upon request.	<i>provide ELC's response here</i>
5, <i>new reminder for 2020</i>	We confirm we prepared (and submitted to OEL) our entity's CCDF Salary Cap Calculation spreadsheet(s) for calendar year 2020 to include details for all 2020 staff members (part-time, full-time, active/current employees and terminated/outgoing employees).	<i>provide ELC's response here</i>

NOTES:

(1) Electronic correspondence has been deemed acceptable documentation for this process. Sending this document via e-mail will serve as authorized certification for your entity.

(2) Limited exceptions apply and are based on USDHHS instructions.

Assertion or Question #	CCDF Salary/Bonus limitations/caps	YES / NO
-------------------------	------------------------------------	----------

Certification Statement:

Please note: Transmission of this form to OEL indicates acknowledgement of applicable salary restrictions, grant and/or program standards, and your entity's compliance with the above-mentioned restrictions and standards.