

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM SUPPORT CENTER
COST ALLOCATION SERVICES**

**PUBLIC ASSISTANCE COST ALLOCATION PLAN (PACAP)
CHECKLIST**

(Check off Boxes Below)

1. A cover letter stating the purposes of the proposed submission, effective date(s) of proposal, and person of contact to support the review including their telephone number and e-mail.
2. A summary or listing of the proposed changes to the PACAP including affected pages. Changes should be highlighted and in bold, and a strike-through should show any changes deleted.
3. A certification by a duly authorized State official in accordance with 45 CFR 95.507(b) (8).
4. An organizational chart showing the placement of each unit whose costs are charged to the programs operated by the State agency (as necessary).
5. Provide a cost impact analysis showing the cost impact (by program) resulting from the proposed change(s) to the previously approved PACAP (as necessary).
6. Provide a listing of Federal and non-Federal programs related to the proposed changes.
7. Each page of the proposed PACAP or PACAP amendment must contain a revision date and an effective date at the bottom of each page. When a page is revised as part of the review of the PACAP, a revised revision date should appear at the bottom of the page.
8. Each PACAP or PACAP amendment should be submitted electronically as a single PDF file to the assigned regional office: CAS-NY@psc.hhs.gov or CAS-SF@psc.hhs.gov.

Send checklist along with your PACAP to the assigned regional office:
CAS-NY@psc.hhs.gov or CAS-SF@psc.hhs.gov

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