Malia M. Cohen
California State Controller

July 31, 2026

Juliana Gmur
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA, 95814

SUBJECT: Stops: Notification by Peace Officers – Draft Claiming Instructions

Dear Juliana Gmur:

Enclosed for your review and comments are the draft claiming forms and instructions for the Stops: Notification by Peace Officers (SNPO) program based on the Parameters and Guidelines adopted on June 12, 2026.

Please provide any comments you may have by August 18, 2026. All comments will be taken into consideration for inclusion in the final instructions. These instructions will be issued on September 14, 2026.

If you have any questions, please contact Nick Kondoleon, Fiscal Analyst of the Local Reimbursements Section in the Local Government Programs and Services Division, at NKondoleon@sco.ca.gov or (916) 322-2294. Thank you.

Sincerely,

Everett Luc

Everett Luc
Supervisor, Local Reimbursements Section

Enclosures:
Proof of Service
395 SNPO Cover Letter
395 SNPO FAM-27
395 SNPO Form-1
395 SNPO Form-2

Copy: Darryl Mar, Manager
State Controller's Office, Local Reimbursements Section

PROOF OF SERVICE

24-TC-03 – Stops: Notification by Peace Officers

I, the undersigned, declare as follows:

I am a citizen of the United States and a resident of the County of Sacramento. I am over the age of 18 years and not a party to the within action. My place of employment and business address is 3301 C Street, Suite 700, Sacramento, California 95816.

On July 31, 2026, I served the attached recommendation of the State Controller's Office through electronic mail addressed to each of the persons named below.

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I declare under penalty of perjury that the foregoing is true and correct.
Executed on July 31, 2026, at Sacramento, California.

Nick Kondoleon

Digitally signed by Nick Kondoleon
Date: 2026.07.31 13:11:54 -07'00'

Nick Kondoleon

Office of the State Controller
State-Mandated Costs Claiming Instructions No. 2026-06
Stops: Notification by Peace Officers – Program No. 395
September 14, 2026

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for Stops: Notification by Peace Officers program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps and Gs). The Ps and Gs are an integral part of the claiming instructions and are located on CSM's website.

On February 13, 2026, the CSM adopted a Decision finding the test claim statute imposes a reimbursable state-mandated program on cities, counties, or city and county, within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any city, county, or city and county subject to the taxing restrictions of articles XIII A and XIII C, and the spending limits of article XIII B, of the California Constitution, whose costs for this program are paid from proceeds of taxes, that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

Reimbursement Claim Deadline

- **Initial Reimbursement Claims**

  Initial reimbursement claims must be filed within 120 days from the issuance date of the claiming instructions. Costs incurred for compliance with this mandate are reimbursable for the period beginning January 1, 2024, through June 30, 2025, must be filed with the SCO and submitted on or before **January 12, 2027**, before a late fee is assessed. A separate claim must be filed for each fiscal year.

- **Annual Reimbursement Claims**

  Annual reimbursement claims for subsequent fiscal years may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day.

Claims filed more than one year after the filing date will not be accepted.

Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

Minimum Claim Cost

GC section 17564(a) states that no claim may be filed pursuant to GC sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps and Gs adopted by the

CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later.

However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the SCO to initiate an audit will commence to run from the date of initial payment of the claim.

Record Retention

All documentation to support actual costs claimed must be retained during the period subject to audit and made available to the SCO upon request. The period subject to audit is at a minimum, three years after the date that the actual reimbursement claim is filed or last amended, whichever is later, or, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, three years after the date of initial payment of the claim. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to the SCO on request.

Claim Submission

Electronic submissions of the signed Form FAM-27, all other forms, and supporting documentation are accepted through an online file transfer protocol called the **Data Exchange Portal (DEP).** All information regarding DEP is available on the SCO's website.

For more information, contact the Local Reimbursements Section by email.

STOPS: NOTIFICATION BY PEACE OFFICERS CLAIM FOR PAYMENT FORM	For State Controller's Office Use Only (19) Program Number 00395 (20) Date Filed (21) LRS Input			PROGRAM 395
(01) Claimant Identification Number	Reimbursement Claim Data			
(02) Claimant Name	(22)	FORM 1, (04) 1.(f)		
County of Location	(23)	FORM 1, (04) 2.(f)		
Street Address or P.O. Box and Suite	(24)	FORM 1, (06)		
City, State, and Zip Code	(25)	FORM 1, (07)		
(03) Type of Claim	(26)	FORM 1, (09)		
(04) (09) Reimbursement	(27)	FORM 1, (10)		
(05) (10) Combined	(28)			
(06) (11) Amended	(29)			
(07) (12) Fiscal Year of Cost	(30)			
(08) (13) Total Claimed Amount	(31)			
(14) Less: 10% Late Penalty	(32)			
(15) Less: Prior Claim Payment Received	(33)			
(16) Net Claimed Amount	(34)			
(17) Due from State	(35)			
(18) Due to State	(36)			

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein, and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer	Date Signed	
	Telephone Number	
Type or Print Name and Title of Authorized Signatory	Email Address	
(38) Name of Agency Contact Person for Claim	Telephone Number	
	Email Address	
Name of Consulting Firm/Claim Preparer	Telephone Number	
	Email Address	

PROGRAM 395	STOPS: NOTIFICATION BY PEACE OFFICERS CLAIM FOR PAYMENT INSTRUCTIONS	FORM FAM-27

(01)	Enter the claimant identification number assigned by the State Controller's Office.
(02)	Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.
(03) to (08)	Leave blank.
(09)	If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
(10)	Not applicable.
(11)	If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
(12)	Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.
(13)	Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.
(14)	Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or as specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the result from the following penalty calculation formula: • Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or • Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.
(15)	Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
(16)	Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
(17)	If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
(18)	If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
(19) to (21)	Leave blank.

PROGRAM 395	STOPS: NOTIFICATION BY PEACE OFFICERS CLAIM FOR PAYMENT INSTRUCTIONS (CONTINUED)	FORM FAM-27

(22) to (27) Bring forward the cost information as specified in the left-hand column of lines (22) through (27) for the reimbursement claim, e.g., Form 1, (04) 1.(f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the process.

(28) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, and include their name, title, telephone number, and email address. Claims cannot be paid unless accompanied by an original signed certification. Please sign the Form FAM-27 in blue ink or electronic signature.

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, claim preparer, telephone number, and email address.

Electronic submissions of the signed Form FAM-27, all other forms, and supporting documentation are accepted through an online file transfer protocol called the Data Exchange Portal (DEP). All information regarding DEP is available on the SCO's website.

For more information, contact the Local Reimbursements Section by email.

PROGRAM 395	STOPS: NOTIFICATION BY PEACE OFFICERS CLAIM SUMMARY	FORM 1

(01) Claimant	(02)				Fiscal Year 20 ___ /20___	
(03) Department						
Direct Costs	**Object Accounts**					
(04) Reimbursable Activities	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Total
1. State the reason for the stop before engaging in questioning related to a criminal investigation or traffic violation.						
2. Document the reason for the stop on any citation or police report resulting from the stop.						
These activities are not required or mandated by the state when the officer reasonably believes that withholding the reason for the stop is necessary to protect life or property from imminent threat, including, but not limited to, cases of terrorism or kidnapping. In addition, documenting the reason for a stop is not new and does not mandate a new program or higher level of service when the officer's grounds for belief that the person violated Vehicle Code (VC) section 23136, 23140, 23152, or 23153 relating to DUI offenses, were the reason for the stop and that stop resulted in a suspension or arrest per VC section 13380(a).						
(05) Total Direct Costs						
Indirect Costs						
(06) Indirect Cost Rate	[Refer to Claim Summary Instructions]					%
(07) Total Indirect Costs	[Refer to Claim Summary Instructions]					
(08) Total Direct and Indirect Costs	[Line (05)(f) plus line (07)]					
Cost Reduction						
(09) Less: Offsetting Revenues						
(10) Less: Other Reimbursements						
(11) Total Claimed Amount	[Line (08) minus {line (09) plus line (10)}]					

PROGRAM 395	STOPS: NOTIFICATION BY PEACE OFFICERS CLAIM SUMMARY INSTRUCTIONS	FORM 1

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.

Note: Please refer to the parameters and guidelines for the details of the reimbursable activities.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed through a flat rate in accordance with the Office of Management and Budget Circular, Code of Federal Regulations, title 2, section 200.414(f) without preparing an Indirect Cost Rate Proposal (ICRP). For submission of claims for fiscal year 2024-25, cost incurred from July 1, 2024 through September 30, 2024, a 10% flat rate should be applied to direct labor costs, excluding fringe benefits. Effective October 1, 2024, a 15% flat rate should be applied to direct labor costs, excluding fringe benefits. If using a flat rate for fiscal year 2024-25 costs, a separate Form 1 must be submitted to detail when the cost was incurred and which flat rate was applied.

(07) If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the flat rate, excluding fringe benefits. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, state and federal funds, any service charge, fee, or assessment authority to offset all or part of the costs of this program, and any other funds that are not the claimant's proceeds of taxes shall be identified and deducted from any claim submitted for reimbursement. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

PROGRAM 395	STOPS: NOTIFICATION BY PEACE OFFICERS ACTIVITY COST DETAIL	FORM 2

(01) Claimant	(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. State the reason for the stop before engaging in questioning related to a criminal investigation or traffic violation.

☐ 2. Document the reason for the stop on any citation or police report resulting from the stop.

These activities are not required or mandated by the state when the officer reasonably believes that withholding the reason for the stop is necessary to protect life or property from imminent threat, including, but not limited to, cases of terrorism or kidnapping.

In addition, documenting the reason for a stop is not new and does not mandate a new program or higher level of service when the officer's grounds for belief that the person violated Vehicle Code (VC) section 23136, 23140, 23152, or 23153 relating to DUI offenses, were the reason for the stop and that stop resulted in a suspension or arrest per VC section 13380(a).

(04) Description of Expenses		**Object Accounts**					
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets
(05) Total ☐ Subtotal ☐ Page: ______of_______							

PROGRAM 395	STOPS: NOTIFICATION BY PEACE OFFICERS ACTIVITY COST DETAIL INSTRUCTIONS	FORM 2

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

Note: Please refer to the parameters and guidelines for the details of the reimbursable activities.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and fixed assets. The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.

Required Documentation to Support Reimbursable Costs

Object Accounts	Columns								Submit Supporting Documents with the Claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries	Employee Name and Job Classification	Hourly Rate	Hours Worked	Salaries equal Hourly Rate times Hours Worked					Copy of Timesheets
Benefits	Activities Performed	Benefit Rate			Benefits equal Benefit Rate times Salaries				
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Costs equal Unit Cost times Quantity Used			Copy of Invoices
Contract Services	Name of Contractor and Specific Tasks Performed	Hourly Rate	Hours Worked and Inclusive Dates of Service				Costs equal Hourly Rate times Hours Worked or Total Contract Cost		Copy of Contract and/or Invoices
Fixed Assets	Description of Equipment Purchased	Unit Cost times Quantity	Usage					Costs equal Total Cost times Usage	Copy of Contract and/or Invoices

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.