

GY 2012 TO 2015 IMPLEMENTATION PLAN

STATE: TENNESSEE
 ADMINISTRATIVE AGENCY:
 PREPARED BY:
 DATE:

| Part B Program Area: Consortia Funds | | | | | |
|---|---------------------------|---|---------|-------------|-----------------|
| Total Number of Contractors/Providers Funded in FY 2012/13: | | Service Name: All Services¹ | | | |
| Service Goal Statement: To insure linkage to quality health care within a managed care environment for all eligible clients. | | | | | |
| Objective/s: Provider/s: | Service Unit Definition: | Quantity: | | Time Frame: | GY 12-13 Funds: |
| | | # People | # Units | | |
| 1. Link low income HIV+ patients with medical care and supportive services by providing Case Management for individuals served by Community Based Organizations | 15 minute unit of service | | | | |
| 2. Provide access to Mental Health Services for Ryan White clients and their families. | 15 minute unit of service | | | | |

| Part B Program Area: All Funds—Program Accountability | | | | | |
|--|--------------------------|---|---------|-------------|-----------------|
| Service Name: Administration | | Service Goal Statement: Provide direct observation of sub-contractors provision of services to Grantors. | | | |
| Objective/s: Provider/s | Service Unit Definition: | Quantity: | | Time Frame: | GY 12-13 Funds: |
| | | # People | # Units | | |
| 1. Monitoring of Contracts | 15 minute client unit | | | | |
| 2. Quality Management and CQI | 15 minute client unit | | | | |
| 3. | | | | | |

¹ There are a variety of Services (medical care, dental, outreach, etc) and ways of delineating Services provided; this is one format. Services provided under ECF offers another format for delineation. See also the "Example."

| | | | | | | | | | |
|--------------------------------|--|--------------------------------|------------------|---------|--------------------|------------------------|--|--|--|
| | | | | | | | | | |
| Part B, Program Area: | | | | | | | | | |
| Service Name: | | | | | | | | | |
| Service Goal Statement: | | | | | | | | | |
| Objective/s: Provider/s | | Service Unit Definition | Quantity: | | Time Frame: | GY 12-13 Funds: | | | |
| 1. | | | # People | # Units | | | | | |

| | | | | | | | | | |
|--------------------------------|--|--------------------------------|------------------|---------|--------------------|------------------------|--|--|--|
| | | | | | | | | | |
| Part B Program Area: | | | | | | | | | |
| Service Name: | | | | | | | | | |
| Service Goal Statement: | | | | | | | | | |
| Objective/s: Provider/s | | Service Unit Definition | Quantity: | | Time Frame: | GY 12-13 Funds: | | | |
| 1. | | | # People | # Units | | | | | |

ATTACHMENT 2

[Grantee's Proposal]

| ADDITIONAL INFORMATION AS NECESSARY | | | | |
|---|---|----------------|--------------------------|---------------|
| APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning DATE, and ending DATE. | | | | |
| POLICY 03 Object Line-Item Reference | EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable) | GRANT CONTRACT | GRANTEE PARTICIPATION | TOTAL PROJECT |
| 1 | Salaries ² | \$0.00 | \$0.00 | \$0.00 |
| 2 | Benefits & Taxes | \$0.00 | \$0.00 | \$0.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$0.00 | \$0.00 | \$0.00 |
| 5 | Supplies | \$0.00 | \$0.00 | \$0.00 |
| 6 | Telephone | \$0.00 | \$0.00 | \$0.00 |
| 7 | Postage & Shipping | \$0.00 | \$0.00 | \$0.00 |
| 8 | Occupancy | \$0.00 | \$0.00 | \$0.00 |
| 9 | Equipment Rental & Maintenance | \$0.00 | \$0.00 | \$0.00 |
| 10 | Printing & Publications | \$0.00 | \$0.00 | \$0.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$0.00 | \$0.00 | \$0.00 |
| 13 | Interest ² | \$0.00 | \$0.00 | \$0.00 |
| 14 | Insurance | \$0.00 | \$0.00 | \$0.00 |
| 16 | Specific Assistance To Individuals ² | \$0.00 | \$0.00 | \$0.00 |
| 17 | Depreciation ² | \$0.00 | \$0.00 | \$0.00 |
| 18 | Other Non-Personnel ² | \$0.00 | \$0.00 | \$0.00 |
| 20 | Capital Purchase ² | \$0.00 | \$0.00 | \$0.00 |
| 22 | Indirect Cost | \$0.00 | \$0.00 | \$0.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$0.00 | \$0.00 | \$0.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <http://www.state.tn.us/finance/act/documents/policy3.pdf>).

² Applicable detail attached if line-item is funded.

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

| SALARIES | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| PROFESSIONAL FEE/ GRANT & AWARD | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| TRAVEL/ CONFERENCES & MEETINGS | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| INTEREST | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| SPECIFIC ASSISTANCE TO INDIVIDUALS | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| DEPRECIATION | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| OTHER NON-PERSONNEL | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

| CAPITAL PURCHASE | AMOUNT |
|---|---------------|
| SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY) | AMOUNT |
| TOTAL | AMOUNT |

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

| NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE | | | | INVOICE NUMBER | | |
|---|------------------------------|--------------------------------------|---------------------------------|--------------------------------|-----------------------|-------------------|
| | | | | INVOICE DATE | | |
| | | | | INVOICE PERIOD | | |
| | | | | FROM _____ TO _____ | | |
| | | | | CONTRACT PERIOD | | |
| | | | | FROM _____ TO _____ | | |
| FEDERAL ID# | | Edison Vendor # | | CONTACT PERSON/TELEPHONE NO. | | |
| CONTRACTING STATE AGENCY | | | | Tennessee Department of Health | | |
| DIVISION NAME/PROGRAM AREA | | | | ACCOUNT/GRANTOR NUMBER | | |
| CONTRACT NUMBER | | | | | | |
| BUDGET LINE ITEMS | (A) TOTAL CONTRACT BUDGET | (B) YTD ACTUAL REIMBURSED THROUGH | (C) MONTHLY EXPENDITURES DUE | | PROJECT ID & ACTIVITY | SPEEDCHART NUMBER |
| Salaries | | | | | | |
| Benefits | | | | | | |
| Professional Fee/Grant & Award | | | | | | |
| Supplies | | | | | | |
| Telephone | | | | | | |
| Postage & Shipping | | | | | | |
| Occupancy | | | | | | |
| Equipment Rental & Maintenance | | | | | | |
| Printing & Publications | | | | | | |
| Travel/Conferences & Meetings | | | | | | |
| Interest | | | | | | |
| Insurance | | | | | | |
| Specific Assistance to Individuals | | | | | | |
| Depreciation | | | | | | |
| Other Non Personnel | | | | | | |
| Capital Purchase | | | | | | |
| Indirect Cost | | | | | | |
| SUBTOTAL | | | | | | |
| Revenue | | | | | | |
| TOTAL | | | | | | |

I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

Please check one of the following boxes
 These services are for medical services
 non-medical services

RECOMMENDED FOR PAYMENT

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

PROGRAM APPROVAL AUTHORIZED SIGNATURE

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION
FOR FISCAL USE ONLY

Title: _____

Title: _____

Title: _____

Date: _____

Date: _____

Date: _____

ATTACHMENT: _____ 4 _____

Instructions & Hints

Do not send a worksheet that is linked to another file

Line by line instructions are on the "line by line info" tab

Retain this file in blank form

Use "File Save As" to save information for a specific contract or reporting period

File Names: Please use the following format when naming files.
name of agency REPORTING PERIOD END.xls
do not abbreviate the agency name

example: davidson county health MARCH 02.xls

Reporting period - the start and end dates of the quarter being reported

Reporting periods are based on the Agency's fiscal year

Grant period - the start and end dates of the contract being reported

Send a report for every quarter even if there is no activity for that quarter

Abbreviations - do not abbreviate the Agency name

Number pages using the "page ____ of ____ pages" format

THE WORKSHEET IS NOT PROTECTED

do not overwrite formulas (identified by yellow shading and "0") or change formats

do not overwrite/edit shaded areas (move to the cell beyond the shading for input)

do not add (insert) lines do not change shaded areas

Expense and Revenue pages can show information for 2 contracts

Use separate Schedules A & B to report contracts for each granting State agency

Use additional expense and revenue pages for more than 2 contracts

copy all lines & fields to the first blank line below the last line in column A

with the cursor at the start of the added page, use "insert" "page break" for print purposes

reset print range to cover the added page(s) and correct the page numbers

Contract Number is the State Contract Number, NOT the agency program number

Report by program within the State Contract Number within State Department

Summarize programs into totals by State Contract Number and State Department totals

Do not combine State Contract Numbers

One Funding Information Summary and one Schedule C are required from each contractor submitting reports

Review Section C in all contracts for reporting requirements

ALLOCATION OF ADMINISTRATIVE COSTS

Requires completion of all attached sheets

NOTE If files are not properly named and print ranges not set, the report will be returned for correction

Do not send invoices with expense reports

If refund due, mail reports with check or send note with e-mail that check in the mail

e-mail completed files to: Doug.Curry@tn.gov

e-mail filing replaces mailing forms

Mailing Address:

Doug Curry

Tennessee Department of Health

Fiscal Services

10th Floor - Andrew Johnson Tower

710 James Robertson Parkway

Nashville, TN 37247-0310

Telephone 615-532-7115

FAX 615-741-9533

PROGRAM EXPENSE REPORT (Excerpted from Policy 3 statement)

SCHEDULE A

EXPENSE BY OBJECT LINE-ITEMS

There are seventeen specific object expense categories; two subtotals (Line 3, Total Personnel Expenses, and Line 19, Total Non-personnel Expenses); and Reimbursable Capital Purchases (Line 20), above Line 21, Total Direct Program Expenses. All expenses should be included in one or more of the specific categories, or in an additional expense category entered under Line 18, Other Non-personnel Expenses. The contracting state state agency may determine these requirements.

With the exception of depreciation, everything reported in Lines 1 through 21 must represent an actual cash disbursement or accrual as defined in the Basis For Reporting Expenses/Expenditures section on page 13.

THE YEAR-TO-DATE EXPENSES MUST BE TRACABLE TO THE REPORTING AGENCY'S GENERAL LEDGER

Line 1 Salaries And Wages

On this line, enter compensation, fees, salaries, and wages paid to officers, directors, trustees, and employees. An attached schedule may be required showing client wages or other included in the aggregations.

Line 2 Employee Benefits & Payroll Taxes

Enter (a) the organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the organization's portion of payroll taxes such as social security and medicare taxes and unemployment and workers' compensation insurance. An attached schedule may be required showing client benefits and taxes or other included in the aggregations.

Line 3 Total Personnel Expenses

Add lines 1 and 2.

Line 4 Professional Fees

Enter the organization's fees to outside professionals, consultants, and personal-service contractors. Include legal, accounting, and auditing fees. An attached schedule may be required showing the details in the aggregation of professional fees.

Line 5 Supplies

Enter the organization's expenses for office supplies, housekeeping supplies, food and beverages, and other supplies. An attached schedule may be required showing food expenses or other details included in the aggregations.

Line 6 Telephone

Enter the organization's expenses for telephone, cellular phones, beepers, telegram, FAX, E-mail, telephone equipment maintenance, and other related expenses.

Line 7 Postage And Shipping

Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and shipping vehicles. Include vehicle insurance here or on line 14.

Line 8 Occupancy

Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, outside janitorial services, mortgage interest, real estate taxes, and similar expenses. Include property insurance here or on line 14.

Line 9 Equipment Rental And Maintenance

Enter the organization's expenses for renting and maintaining computers, copiers, postage meters, other office equipment, and other equipment, except for telephone, truck, and automobile expenses, reportable on lines 6, 7, and 11, respectively.

Line 10 Printing And Publications

Enter the organization's expenses for producing printed materials, purchasing books and publications, and buying subscriptions to publications.

Line 11 Travel

Enter the organization's expenses for travel, including transportation, meals and lodging, and per diem payments. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences. Include vehicle insurance here or on line 14.

Line 12 Conferences And Meetings

Enter the organization's expenses for conducting or attending meetings, conferences, and conventions. Include rental of facilities, speakers' fees and expenses, printed materials, and registration fees (but not travel).

Line 13 Interest

Enter the organization's interest expense for loans and capital leases on equipment, trucks and automobiles, and other notes and loans. Do not include mortgage interest reportable on line 8.

Line 14 Insurance

Enter the organization's expenses for liability insurance, fidelity bonds, and other insurance. Do not include employee-related insurance reportable on line 2. Do not include property and vehicle insurance if reported on lines 7, 8, or 11.

Line 15 Grants And Awards

Enter the organization's awards, grants, subsidies, and other pass-through expenditures to individuals and to other organizations. Include allocations to affiliated organizations. Include in-kind grants to individuals and organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients and individual beneficiaries. Pass-through funds are not included when computing administrative expenses reported on Line 22.

Line 16 Specific Assistance to Individuals

Enter the organization's direct payment of expenses of clients, patients, and individual beneficiaries. Include such expenses as medicines, medical and dental fees, children's board, food and homemaker services, clothing, transportation, insurance coverage, and wage supplements.

Line 17 Depreciation

Enter the expenses the organization records for depreciation of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

Line 18 Other Non-personnel Expenses

NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. A description should be attached for each additional category entered on line 18. The contracting state agency may determine these requirements. Enter the organization's allowable expenses for advertising (1), bad debts (2), contingency provisions (7), fines and penalties (14), independent research and development (reserved) (17), organization (27), page charges in professional journals (29), rearrangement and alteration (39), recruiting (41), and taxes (47). Include the organization's and employees' membership dues in associations and professional societies (26). Include other fees for the organization's licenses, permits, registrations, etc.

Line 19 Total Non-personnel Expenses

Add lines 4 through 18.

Line 20 Reimbursable Capital Purchases

Enter the organization's purchases of fixed assets. Include land, equipment, buildings, leasehold improvements, and other fixed assets. An attached schedule may be required showing the details for each such purchase.

Line 21 Total Direct Program Expenses

Add lines 3, 19, and 20.

Includes direct and allocated direct program expenses.

Line 22 Administrative Expenses

The distribution will be made in accordance with an allocation plan approved by your cognizant state agency.

Line 23 Total Direct And Administrative Expenses

Line 23 is the total of Line 21, Total Direct Program Expenses, and Line 22, Administrative Expenses. Line 23, Total Direct and Administrative Expenses Year-to-Date should agree with the Total of Column B, Year-to-Date Actual Expenditures of the *Invoice for Reimbursement*.

Line 24 In-Kind Expenses

In-kind Expenses (Line 24) is for reporting the value of contributed resources applied to the program. Approval and reporting guidelines for in-kind contributions will be specified by those contracting state agencies who allow their use toward earning grant funds. Carry forward to Schedule B, Line 38.

Line 25 Total Expenses

The sum of Line 23, Total Direct and Administrative Expenses, and Line 24, In-kind Expenses, goes on this line.

**PROGRAM REVENUE REPORT (PRR)
SCHEDULE B
SOURCES OF REVENUE**

The revenue page is intended to be an extension of the total expenses page, in that the columns should match up by contract/attachment number and program title. There are ten revenue sources (Schedule B, Part 1) and three subtotals (Lines 33, 41, and 43). Additional supplemental schedules for one or more of the line items may be attached, if needed. Each revenue column should be aligned with its corresponding expense column from Schedule A.

Reimbursable Program Funds**Line 31 Reimbursable Federal Program Funds**

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from federal program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 32 Reimbursable State Program Funds

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from state program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 33 Total Reimbursable Program Funds (Equals Schedule B, Line 55)

Add lines 31 and 32.

Matching Revenue Funds**Line 34 Other Federal Funds**

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other federal funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 35 Other State Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other state funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 36 Other Government Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other government funds. The state funding agency may have an attached detail listing and reconciliation schedule.

Line 37 Cash Contributions (Non-government)

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from such sources of cash contributions as corporations, foundations, trusts, individuals, United Ways, other not-for-profit organizations, and from affiliated organizations. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 38 In-Kind Contributions (Equals Schedule A, Line 24)

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from direct and administrative in-kind contributions. The state funding agency may require an attached detail listing and reconciliation schedule. Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward earning grant funds.

Line 39 Program Income

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from program income related to the program funded by the state agency. The state funding agency may require an attached detail listing.

Line 40 Other Matching Revenue

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other revenues not included in lines 34 through 39. The state funding agency may require an attached detail listing.

Line 41 Total Matching Revenue Funds

Add lines 34 through 40

Line 42 Other Program Funds

Enter program income related to the program funded by the state agency but not reported as matching revenue funds on Line 54.

Line 43 Total Revenue

Add lines 33, 41, and 42

**RECONCILIATION BETWEEN TOTAL EXPENSES
AND REIMBURSABLE EXPENSES
SCHEDULE B - (Lines 51 to 59)**

This section, at the bottom of Schedule B, is for subtracting non-reimbursable amounts included in Total Expenses (Line 25, Schedule A and Line 51, Schedule B).

The first line of this section, Line 51, Total Expenses, is brought forward from the last line of the corresponding Schedule A Total Expense Page.

There are three categories of adjustments for which titled lines are provided:

Line 52 OTHER UNALLOWABLE EXPENSES:

Some program expenses may not be reimbursable under certain grants. This is a matter between the contracting parties, and will vary according to the state agency involved and the type of grant or contract. Consult your contract or the department that funds the program for guidelines.

Line 53 EXCESS ADMINISTRATION:

This adjustment line may be used to deduct allocated Administration and General expenses in excess of an allowable percentage specified in the grant contract. It may also be used to deduct an adjustment resulting from limitations on certain components of Administration and General expenses. Again, the specific guidelines of the department and grant involved are the controlling factor.

Line 54 MATCHING EXPENSES (Equals Schedule B, Line 41)

Since the goal is to arrive at a reimbursable amount, the expenses paid out of other sources of funding, local support and program user fees for example, will have to be deducted. The amount left should be only that which is to be paid for by the contracting state agency.

**Line 55 REIMBURSABLE EXPENSES (Line 51 less Lines 52, 53, and 54)
(Equals Schedule B, Line 33)**

This is the amount that the contracting state agency will pay for the quarter's operations of the program. The cumulative column is what the grant actually paid to date.

Line 56 TOTAL REIMBURSEMENT-TO-DATE

In the quarter-to-date column, this is the total received for this quarter from filing of the Invoice For Reimbursement. The cumulative column's amount is the total received for the grant year-to-date.

Line 57 DIFFERENCE (Line 55 less Line 56)

This is the portion of Reimbursable Expenses not yet paid.

Line 58 ADVANCES

Any advance payments for a grant should appear on this line.

Line 59 THIS REIMBURSEMENT (Line 57 less Line 58)

The remainder should be the amount due under the grant contract. Actual payments are made through the invoicing process and not through the filing of this report.

POLICY 3 REPORTING REQUIREMENTS - SUMMARY

Policy 3 requires reporting the entire operation of the Grantee agency. This could include numerous programs and contracts. Policy 3 requirements are outlined in each contract and are available on line at: <http://www.state.tn.us/finance/act/policyb.html>

The "Contractor/Grantee" is the agency receiving the state grant.

The "Contracting State Agency" is the state agency that gives the grant.

Reports are normally due 30 days after the close of the Grantee's accounting quarter and year, which may/may not coincide with the State accounting quarter and year end. Exact requirements are in the contract.

Policy 3 reporting requires one report from each contracting agency consisting of Schedules A, B, and C and a Funding Information Summary. Schedules A and B detail each program added to a contract total. Schedules A and B are designed to show 2 programs per page and there would be only one Schedule C per grantee. On Schedules A and B, programs that are not state funded can be rolled into a single program category. The lines on Schedule A for year-to-date information add across all programs/contracts to the corresponding line on the Schedule C - Grant contracts in the first column and non-grant operations in the second column.

The third column of the Schedule C shows Administrative Expenses incurred by the Grantee. Administrative expenses are generally those that benefit programs but are not directly associated with the program/contract. These could include the Executive Director, office operation, accounting staff, and other similar expenses. This column will also show the allocation of Administrative Expenses to the various programs/contracts, if this is done by the Grantee. If allocated, a negative on line 22 is equal to the Administrative Expense allocated to the grant and non-grant programs/contracts. Administrative Expenses may include some items that are not subject to allocation so the amount allocated may/may not equal the total Administrative Expense reported. Allocation of Administrative Expenses requires an approved allocation plan.

The fourth column of the Schedule C shows the total operation of the reporting grantee for the year-to-date. The Policy 3 report should, in total, match the total operation of the Grantee.

The funding Information Summary shows the method of allocating Administrative Expenses. If there is no approved allocation plan and the grantee does not allocate Administrative Expenses, then there is no entry on Schedule C, line 22 and no allocation to the programs/contracts. This form must be submitted with every report.

Tennessee Department of Health
Funding Information Summary

AGENCY NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

REPORTING PERIOD: (MM/DD/YY) FROM: _____ THRU: _____

AGENCY FISCAL YEAR END (MM/DD) _____

COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?
YES _____ NO _____

If yes, Name of organization that approved the Plan: _____

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:
Ratio of direct program salaries to total direct salaries applied to administrative cost. _____
Ratio of direct program expenditure to total direct expenditures applied to administrative cost. _____
Cost step down. _____
Other (describe) _____

Is your organization: _____ A private not-for-profit organization?
_____ A state college or university, or part of a city government?

DIRECTOR _____ PHONE # _____

PREPARER OF REPORT _____ PHONE # _____

DATE COMPLETED _____

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Program # _____

Contract Number _____

Grant Period _____

Program Name _____

Service Name _____

| Item # | EXPENSE BY OBJECT: | QUARTER TO DATE | YEAR TO DATE | QUARTER TO DATE | YEAR TO DATE |
|--------|---|-----------------|--------------|-----------------|--------------|
| 1 | Salaries and Wages | | | | |
| 2 | Employee Benefits & Payroll Taxes | | | | |
| 3 | Total Personnel Expenses (add lines 1 and 2) | | | | |
| 4 | Professional Fees | | | | |
| 5 | Supplies | | | | |
| 6 | Telephone | | | | |
| 7 | Postage and Shipping | | | | |
| 8 | Occupancy | | | | |
| 9 | Equipment Rental and Maintenance | | | | |
| 10 | Printing and Publications | | | | |
| 11 | Travel | | | | |
| 12 | Conferences and Meetings | | | | |
| 13 | Interest | | | | |
| 14 | Insurance | | | | |
| 15 | Grants and Awards | | | | |
| 16 | Specific Assistance to Individuals | | | | |
| 17 | Depreciation | | | | |
| 18 | Other Non-personnel Expenses (detail) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| 19 | Total Non-personnel Expenses (add lines 4 - 18) | | | | |
| 20 | Reimbursable Capital Purchases | | | | |
| 21 | TOTAL DIRECT PROGRAM EXPENSES | | | | |
| 22 | Administrative Expenses | | | | |
| 23 | TOTAL DIRECT AND ADMINISTRATIVE EXPENSES | | | | |
| 24 | In-Kind Expenses | | | | |
| 25 | TOTAL EXPENSES | | | | |

Schedule B, Part 1 STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Program # _____
 Contract Number _____
 Grant Period _____
 Program Name _____
 Service Name _____

| Schedule B Item # | SOURCES OF REVENUE | QUARTER TO DATE | YEAR TO DATE | QUARTER TO DATE | YEAR TO DATE |
|-------------------|--|-----------------|--------------|-----------------|--------------|
| 31 | Reimbursable Program Funds | | | | |
| 32 | Reimbursable Federal Program Funds | | | | |
| 33 | Reimbursable State Program Funds | | | | |
| | Total Reimbursable Program Funds (equals line 55) | | | | |
| | Matching Revenue Funds | | | | |
| 34 | Other Federal Funds | | | | |
| 35 | Other State Funds | | | | |
| 36 | Other Government Funds | | | | |
| 37 | Cash Contributions (non-government) | | | | |
| 38 | In-Kind Contributions (equals line 24) | | | | |
| 39 | Program Income | | | | |
| 40 | Other Matching Revenue | | | | |
| 41 | Total Matching Revenue Funds (lines 34 - 40) | | | | |
| 42 | Other Program Funds | | | | |
| 43 | Total Revenue (lines 33, 41, & 42) | | | | |
| | Reconciliation Between Total and Reimbursable Expenses | | | | |
| 51 | Total Expenses (line 25) | | | | |
| 52 | Subtract Other Unallowable Expenses (contractual) | | | | |
| 53 | Subtract Excess Administration Expenses (contractual) | | | | |
| 54 | Subtract Matching Expenses (equals line 41) | | | | |
| 55 | Reimbursable Expenses (line 51 less lines 52,53,54) | | | | |
| 56 | Total Reimbursement To Date | | | | |
| 57 | Difference (line 55 less line 56) | | | | |
| 58 | Advances | | | | |
| 59 | This reimbursement (line 57 less line 58) | | | | |

Schedule C - Final Page STATE OF TENNESSEE PROGRAM EXPENSE REPORT FEDERAL ID #

CONTRACTOR/GRANTEE CONTRACTING STATE AGENCY REPORT PERIOD

| | | TOTAL DIRECT PROGRAM EXPENSES | TOTAL NONGRANT/ UNALLOWABLE EXPENSES | TOTAL ADMINISTRATIVE EXPENSES | GRAND TOTAL |
|----|--|-------------------------------|--------------------------------------|-------------------------------|--------------|
| | | YEAR TO DATE | YEAR TO DATE | YEAR TO DATE | YEAR TO DATE |
| 1 | Salaries and Wages | | | | |
| 2 | Employee Benefits & Payroll Taxes | | | | |
| 3 | Total Personnel Expenses | | | | |
| 4 | Professional Fees | | | | |
| 5 | Supplies | | | | |
| 6 | Telephone | | | | |
| 7 | Postage and Shipping | | | | |
| 8 | Occupancy | | | | |
| 9 | Equipment Rental and Maintenance | | | | |
| 10 | Printing and Publications | | | | |
| 11 | Travel | | | | |
| 12 | Conferences and Meetings | | | | |
| 13 | Interest | | | | |
| 14 | Insurance | | | | |
| 15 | Grants and Awards | | | | |
| 16 | Specific Assistance to Individuals | | | | |
| 17 | Depreciation | | | | |
| 18 | Other Non-personnel Expenses (detail) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| 19 | Total Non-personnel Expenses | | | | |
| 20 | Reimbursable Capital Purchases | | | | |
| 21 | TOTAL DIRECT PROGRAM EXPENSES | | | | |
| 22 | Administrative Expenses | | | | |
| 23 | TOTAL DIRECT AND ADMINISTRATIVE EXPENSES | | | | |
| 24 | In-Kind Expenses | | | | |
| 25 | TOTAL EXPENSES | | | | |