



DHS Mission: To assist our customers to achieve maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families and communities.

FY14 DHS Year End Financial Reporting Requirements

Conference Call #1-888-494-4032 Access
Code #9786079493

A Training Session Given to DHS Providers
October, 2014

Office of Contract Compliance
Accountability - Integrity - Reliability

Welcome to FY14 Year End Financial Reporting!

- ▶ Thank you for partnering with us!
 - Without you – our services couldn't be performed to all the individuals that need our help.

- ▶ Housekeeping items
 - Please mute your telephone.
 - Use the chat feature to type a question during this presentation.
 - All questions will be gathered at the end of this presentation and answers will be posted to the FAQs on our website.
 - This course is focused on reviewing the FY14 Year End Required Financial Reporting documents and how to input a FY14 Year End CFR into the CSA system.

Welcome to FY14 End Year Financial Reporting!

- ▶ Housekeeping continued...
 - There is an accompanying FY14 DHS Provider Year-End Consolidated Financial Report (CFR) User Manual which contains detail on element definitions and more in depth instruction on completing the Year End CFR.
 - Other resources are available to you on our website – such as definitions of direct costs versus indirect costs, allowable costs, etc.
 - If you have questions, comments or suggestions after this presentation is over– you can email them to DHS.FY14Reporting@Illinois.gov

Welcome to FY14 Year End Reporting!

- ▶ Housekeeping continued...
 - There will be a short evaluation which will be emailed to you.
 - We would really appreciate receiving your feedback.



Our Goals / Agenda for Today

▶ Learning Objectives – Understand:

1. What are the FY14 Year End Reporting Requirements?
 - A. Quick tour of the DHS Website
 - B. Look at the FY14 Contract Terms

2. How Are You Notified of Your End Required Reporting Requirements and what are they?
 - A. Look at May Letter Sent to You Via Certified Mail
 - B. Sample Forms

3. Where and how do you post the documents?

4. How do you complete a year end CFR?
 - A. Slides
 - B. Review a Completed Submission
 - C. On line Demo

5. Who do you contact if you run into issues?

Learning Objective 1. What Are the FY14 Year End Reporting Requirements?

- ▶ Quick tour of the DHS Website
- ▶ Starts with the Community Service Agreement. (We call it the CSA agreement for short). This is the contractual agreement between your entity and DHS. It contains all the requirements, terms and conditions related to receiving the funding from us and performing the requested services.
- ▶ “Red lined” version reflecting changes to the boilerplate is posted annually on the DHS website.
- ▶ Article XVII – Financial Reporting Requirements

Learning Objective 1. What Are the FY14 Year Financial Reporting Requirements?

- ▶ Article XVII – covers all financial reporting requirements throughout the year. This includes interim reporting and year end reporting.
- ▶ Section 17.1 – Quarterly reports. Interim reporting still defined by the various program manuals and sent to the various divisions you have contracts with.



Learning Objective 1. What Are the FY14 Year Financial Reporting Requirements?

▶ Section 17.2 Close out Reports.

- (A) Fee-for-service payments are exempt from this Paragraph 17.2
- (B) Provider shall submit annual close-out reports within sixty (60) calendar days following the end of the State Fiscal Year or longer if specified in the program plan or rules. In the event that this Agreement is terminated prior to the end of the State Fiscal Year, Provider shall submit a close-out report within sixty (60) calendar days of such termination. The format of this close out report shall follow a format prescribed by DHS.
- (C) If an audit of Provider occurs and results in adjustments after Provider submits a close-out report, Provider will submit a new close-out report based on audit adjustments.

▶ For Year End 2014 – no changes in how close out reports are being done or forms being used. Grant Funds Recovery Act. (30 ILCS 705)

- Program area, working with OCA, defines which contracts need to be closed out and by whom.
- As in prior years, grant funds reconciled on a basis of eligible expenditures versus program revenue are closed out by Office of Contract Administration.
- Grant Funds reconciled on the basis of eligible services delivered versus services projected are the responsibility of the Department's office or division administering the program.
- In May, 2014 you should have received a supplementary listing of those programs that need to be closed out and reported on the Grant Reconciliation Form as well as the Grant Report.
- The Grant Reconciliation Recovery Form was due on August 15 and should have been posted to the CRV. This form captured the amount of funds you received from DHS and the amount either legally expended or obligated. Any "unspent" funds should have been returned to DHS for compliance with the Grant Funds Recovery Act.

Learning Objective 1. What Are the FY14 Year Financial Reporting Requirements?

Section 17.3 Audited Financial Statements

- (a) This Paragraph 17.3 applies only to Providers who receive \$150,000 or more in funding from the State of Illinois, including all Department of Agencies thereof, and whether State or federal funds.
- (b) Providers not subject to OMB Circular A-133 shall provide audited financial statements, conducted in accordance with Government Auditing Standards, within 180 days after Provider's fiscal year ending on or after June 30, 2014. This deadline may be extended in the discretion of the DHS Chief Financial Officer.

60 MORE DAYS THIS YEAR TO REPORT!

- (c) Providers subject to OMB Circular A-133 shall submit audited financial statements within 180 days after Providers fiscal year ending on or after June 30, 2014.
 - (a) (i) At the discretion of the DHS' Chief Financial Officer, this deadline may be extended up to nine (9) months after the end of Provider's fiscal year without approval from the cognizant Federal Agency.
 - (b) (ii) This deadline may be extended longer than nine (9) months after the end of the Providers fiscal year contingent upon approval by the cognizant Federal agency.

Learning Objective 1. What Are the FY14 Year Financial Reporting Requirements?

Section 17.4 Consolidated Financial Reports

- (a) This paragraph 17.4 applies to all Providers, unless exempted by program rules, regulations or policies.
- (b) Providers shall submit Consolidated Financial Reports **within 180 days after the Providers fiscal year ending on or after June 30, 2014.**
 - (a) (i) In the discretion of the DHS' Chief Financial Officer, this deadline may be extended up to nine (9) months after the end Provider's fiscal year without approval from the cognizant Federal Agency.
 - (b) (ii) This deadline may be extended longer than nine (9) months after the end of the Provider's fiscal year contingent upon approval by the cognizant Federal agency.
- (c) The Consolidated Financial Report **must cover the same period as the Audited Financial Statements cover.**
- (d) Consolidated Financial Reports must include an **opinion from the report issuer on the Cost and Revenue schedules** included in the Consolidated Financial Report.
- (e) Consolidated Financial Reports shall follow a format prescribed by DHS.

Learning Objective 1. What Are the FY14 Year Financial Reporting Requirements?

Continuing with the FY14 Contract and Looking at Article XIX Requirements...

Article XIX – Audit Requirements

19.1 Submission of Audit Report: Provider shall annually submit an **independent** audit report and/or supplemental revenue and expense data to DHS as required by 89 Illinois **Administrative Code 507 to enable DHS to perform fiscal monitoring** and to account for the usage of funds paid to Provider under this agreement.

19.2 Performance of Audits: For those organizations required to submit an independent audit report, the audit is to be conducted by a **Certified Public Accountant or Certified Public Accounting Firm** licensed in the State of Illinois. For audits required to be performed subject to Government Auditing Standards, Provider shall request and maintain on file a copy of the auditor's most recent peer review report and acceptance letter.

19.3 Instructions: If Provider is subject to the audit requirements, DHS will send to Provider, by registered or certified mail, detailed instructions related to independent audit requirements, including provisions for requesting waivers, modifications and filing extensions, by **May 31, 2014**

Copy of the
2014 Financial
Year End
Reporting
Requirements
Mailed in May

Copy also
found on our
website

Specific to
each provider,
if you need
another copy
please call!



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

100 South Grand Avenue, East, Springfield, Illinois 62762
401 South Clinton Street, Chicago, Illinois 60607

DHS Mission: To assist our customers to achieve maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families and communities.

MEMORANDUM

DATE: May 28, 2014
TO: Chief Executive Officers
FY14 DHS Community Services Providers
FROM: Ellen S. King
Chief, Bureau of Contract Compliance
Office of Contract Administration
SUBJECT: **FISCAL YEAR 2014 YEAR-END FINANCIAL REPORTING REQUIREMENTS**

Thank you for the services you provide to the Department of Human Services and to the Citizens of the State of Illinois. Your partnership and efforts of providing services to those in need are greatly appreciated. The purpose of this memo is to inform you of your year-end financial reporting requirements, as referenced in your FY14 Community Services Agreement (CSA), with the Department of Human Services.

If you have further questions after reading through this material, please visit our website at <http://www.dhs.state.il.us/page.aspx?item=29741> or by calling the Office of Contract Compliance at (217) 524-1530 or submitting your question, via email, to DHS.FY14Reporting@Illinois.gov. Instructions on how to complete the various forms are also found at <http://www.dhs.state.il.us/page.aspx?item=71665>.

Where and How do You Submit Your Year-end Financial Reporting Documents?

All required year-end documents must be posted to the Centralized Repository Vault (CRV).

As each year-end financial item is reviewed individually, **we ask that each item be uploaded to the CRV individually.**

The fiscal year field should reflect "14" for all year-end FY14 financial items uploaded. Please make sure to select the appropriate fiscal year and document type when uploading the documents and please note the name of the file being uploaded on the DHS Reporting Checklist.

Learning Objective 2: How are you notified of your reporting requirements continued

In addition, we ask you that you send an email to the Office of Contract Compliance (OCC), DHS.FY14Reporting@Illinois.gov, with your complete or any partial submission, to notify us of the posting.

Who do You Contact if You Have Trouble Getting into the CRV to Be Able to Post Your Documents?

If you need any assistance with registering for or posting to the CRV, you can either email DHS.CRVSUPPORT@Illinois.gov for assistance or by contacting Aaliyah Bannister-Battie at (312) 793-4094.

How do You Know What Year-end Financial Reporting Documents are Required for Your Entity?

DHS Reporting Checklist

Please use the DHS Financial Reporting Checklist (which is enclosed) to ensure all your required documents are submitted.

This form has been preprinted with certain identifying information from the DHS Office of Contract Administration database. If any of the information is incorrect, the Provider Demographic Information Form should be updated with the correct information and returned with your submission.

The lower portion of the "DHS Financial Reporting Checklist" identifies the specific items that are required to be filed with an "X" next to the item. The Checklist also contains a management certification that must be signed by the CEO or CFO **and** the Board President or Treasurer. This form, along with all other required year-end financial items, must be submitted to DHS by posting to the Centralized Repository Vault (CRV). Please post the Checklist to the CRV with the file name of: Last 6 digits of your FEINFY14DHSCHECKLIST, e.g. 999999FY14DHSCHECKLIST.

What are the FY14 Audit Requirements and When are the Audits Due?

As outlined in section 17.3 of the FY14 Community Service Agreement, "any provider who receives \$150,000 or more in funding from the State of Illinois, **including all Departments or Agencies** thereof, and whether state or federal funds and are **NOT** subject to OMB Circular A-133 shall provide audited financial statements conducted in accordance with Government Auditing Standards, within 180 days after the Provider's fiscal year ending on or after June 30, 2014".

"Providers subject to OMB Circular A-133 shall submit audited financial statements within 180 days after Provider's fiscal year ending on or after June 30, 2014".

If you are required to submit audited financial statements, please post the audited financial statements to the CRV with the file name of: Last Six Digits of your FEINFY14FS, e.g. 999999FY14FS.

Learning Objective 2: How are you notified of your reporting requirements continued

How do You Know if Your Entity is Subject to OMB Circular A-133?

The Single Audit Act and Office of Management and Budget (OMB) Circular A-133

This act requires non-federal entities that expend equal to or in excess of \$500,000 in federal awards to have an audit performed in accordance with the Single Audit Act. Federal award means federal financial assistance and federal cost-reimbursement agreements that non-federal entities receive directly from federal awarding agencies or indirectly from pass-through entities, such as DHS. Please discuss this with your auditor so that the appropriate type of audit is performed.

The Provider must meet the following audit requirements with respect to Federal pass-through grants:

For Institutions of higher education and other non-profit organizations (including hospitals) shall be subject to the audit requirements in the Single Audit Act Amendments of 1996 (31 U.S.C. Sections 7501-7507) and revised OMB Circular A-133 ("Audits of States, Local Governments and Non Profit Organizations").

State and local governments shall be subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. Sections 7501-7507) and revised OMB Circular A-133 ("Audits of States, Local Governments and Non-Profit Organizations").

For-profit hospitals not covered by the audit provisions of revised OMB Circular A-133 shall be subject to the audit requirements of the Federal awarding agency.

Commercial organizations shall be subject to the audit requirements of the Federal awarding agency or the prime recipient as incorporated in the award document.

Note: The DHS Financial Reporting Checklist uses an indicator that a Single Audit is expected based upon award amounts and/or if a Single Audit has been submitted in the last three years. However, the final amount of spending determines if a Single Audit is actually required. It is the provider's responsibility to assess the need for a Single Audit after all expenditures are included. If your spending is less than \$500,000 in federal expenditures, we ask that you certify this to us by checking the applicable statement on the "DHS Financial Reporting Checklist" which reads "We expended less than \$500,000 in Federal funds from all sources, so we are not required to do an A-133."

If you are subject to OMB Circular A-133 requirements, please post the Single Audit to the CRV with the file name of: Last Six Digits of your FEINFY14SA, e.g. 999999FY14SA.

How Do You Request an Extension or Reporting Waiver if Needed?

Extension/Waivers/Modifications

Due dates of your audit requirements should be discussed with your auditor now! Requests for extensions, waivers or modifications of your financial reporting responsibilities will be considered in isolated cases based on extenuating circumstances. This form is available at <http://www.dhs.state.il.us/page.aspx?item=71665>. If your auditor has any questions, please refer them to the Office of Contract Compliance at (217) 524-1530. Please FAX your completed form to the Office of Contract Compliance at (217) 524-5529. You will be notified of the decision via fax.

How are you notified of your reporting requirements continued

Grant Report

This report is prepared on the state's fiscal year basis and displays total expenses and unallowable costs by DHS grant funded programs. The second page of the Grant Report, the Grant Unallowable Cost Summary, provides the details for such unallowable costs. Instructions for preparation accompany the Grant Report. Please post the Grant Report to the CRV with the file name of: Last 6 digits of your FEINFY14GR, e.g. 999999FY14GR. This form and instructions are available from our website: <http://www.dhs.state.il.us/page.aspx?item=71665>.

"In Relation to" Opinion on Grant Report

Providers, whose fiscal year ends 06/30/14, that are required to submit a Grant Report, as well as audited financial statements, will need to include an independent certified public accountants' "In Relation to" Opinion rendered on the Grant Report. Please post the Opinion to the CRV with the file name of: Last 6 digits of your FEINFY14GROPINION, eg. 999999FY13GROPINION. A sample is available from our website: <http://www.dhs.state.il.us/page.aspx?item=71665>.

If a provider is not required to submit independently audited financial statements, the Grant Report can be prepared in-house without the involvement of an independent certified public accountant.

Agreed Upon Procedures on Grant Report

Providers, whose fiscal year end is other than 06/30, that are required to submit a Grant Report, as well as audited financial statements, will need to include an independent certified public accountant's Agreed Upon Procedures Opinion rendered on the Grant Report. Please post the opinion to the CRV with the file name of: Last 6 digits of your FEINFY14GRAGREED, e.g. 999999FY14GRAGREED. A sample is available from our website: <http://www.dhs.state.il.us/page.aspx?item=71665>.

If a provider is not required to submit independently audited financial statements, the Grant Report can be prepared in-house without the involvement of an independent certified public accountant.

Grant Reconciliation and Recovery Form (GRRF)

These providers will also receive a Grant Reconciliation and Recovery Form (GRRF), due by August 15th. If the funds awarded are subject to the provisions of the Illinois Grant Recovery Act (30 ILCA 705/1 et seq.), any funds remaining at the end of the Agreement period which are not expended or legally obligated by Provider shall be returned to DHS within forty-five (45) days after the end of the Community Services Agreement. The provisions of 89 Ill. Adm. Code 511 shall apply to any funds awarded that are subject to the Illinois Grant Funds Recovery Act. This form and related instructions will be sent out under a separate mailing to you.

Provider Demographic Form

The Bureau of Contract Compliance maintains a data file for the contact person and mailing address for year-end financial reporting and other fiscal and administrative responsibilities. Please post the Form to the CRV with the file name of: Last 6 digits of your FEINFY14DEMO, eg. 999999FY14DEMO.

Personnel and Administrative Information Form

Each provider is required to provide selected information regarding personnel and administrative activities at their agency. Please post the Form to the CRV with the file name of: Last 6 digits of your FEINFY14DHSPAI, e.g. 999999FY14DHSPAI. This form is available from our website: <http://www.dhs.state.il.us/page.aspx?item=71665>.

How are you notified of your reporting requirements continued

Other Federal and State Tax Forms

IRS Return or Report (IRS 990, 990EZ, 990PF or other depending on your revenue and net asset amounts or if the entity is a private foundation) Please post to the CRV with the file name of: The last 6 digits of your FEINFY14IRS, e.g. 999999FY14IRS

Form 990T (UBIT) Please post to the CRV with the file name of: The last 6 digits of your FEINFY14UBIT, e.g. 999999FY14UBIT

Form AG 990- IL Please post to the CRV with the file name of: The last 6 digits of your FEINFY14AG990, e.g. 999999FY14AG990

Are there Sanctions for Non-Compliance?

Sanctions for Non-Compliance
Yes, there are sanctions for non-compliance. While we understand how long you are currently waiting for payment of services rendered, non-submittal, or incomplete submittal may result in the suspension of the provider's current year contract payments. Any withheld funds will be released to the provider when compliance has been achieved. Please direct any questions you have to (217) 524-1530 if you have any questions at all, so suspension activity does not have to occur.

Note: The Department's statutory ability to make current fiscal year payments, including payments that have been withheld, ends on August 31. After that date, payments will be processed through the Court of Claims.

How are you notified of your reporting requirements continued

Due Dates and Sample Naming Conventions to Use for Posting in CRV.

The CFR will auto post for you from CSA. No need to post manually!

"Quick Reference Guide – DHS FY14 Required Year End Reporting"			
Document Description	CRV Naming Convention for file name	Associated Document Type to Select While Posting to the CRV	Document Due Date
DHS Reporting Checklist	999999FY14DHSCHECKLIST	DHS Checklist	180 days after provider's fiscal year end date
Audited Financial Statements conducted in accordance with Government Auditing Standards	999999FY14F5	Financial Statement Audit	180 days after provider's fiscal year end date
Single Audit - A133 Audit	999999FY14SA	A-133 Audit	180 days after provider's fiscal year end date
Consolidated Financial Report (CFR)	999999FY14CFR	CFR	180 days after provider's fiscal year end date
In Relation to Opinion on CFR	999999FY14CFROPINION	CFR IRT	180 days after provider's fiscal year end date
Agreed Upon Procedures on CFR	999999FY14CFRAGREED	CFR AGR	180 days after provider's fiscal year end date
Grant Reconciliation & Recovery Form	999999FY14GRRF	GRRF	August 15, 2014
Grant Report	999999FY14GR	Grant Report	180 days after provider's fiscal year end date
In Relation to Opinion on Grant Report	999999FY14GROPINION	Grant IRT	180 days after provider's fiscal year end date
Agreed Upon Procedures on Grant Report	999999FY14GRAGREED	GRANT AGR	180 days after provider's fiscal year end date

How are you notified of your reporting requirements continued

Sample of a Required Reporting Checklist included in the May packet. Entity specific.

DHS uses to create a log of items that we are expecting to receive in from each provider.

DHS FY14 FINANCIAL REPORTING CHECKLIST
THIS FORM MUST BE SIGNED AND POSTED WITH REPORTING PACKAGE.

Provider Name: CSA TRAINING 3 FEIN: 36-2144820
 Ending Date of Provider's Fiscal Year: 06/30/14 Report Due Date: 12/27/14
 Name of Provider Contact: JOE HILL Phone #: 999-999-9999

The items marked with "X" below should be included in the Provider's financial reporting package submitted to DHS.

X... Independently Audited Financial Statements (Posted to CRV as: _____)

X... OMB Circular A-133 Single Audit Report **Note:** If there is an "X" next to this item, your agency is assumed to have expended \$500,000 or more in Federal funds from all sources and you are required to submit to DHS an audit in compliance with OMB Circular A-133 (Single Audit) unless you declare exemption by checking the box below.
 (Posted to CRV as: _____)

We expended less than \$500,000 in Federal funds from all sources, so are not required to do A-133.

X... CFR Schedule 1: Schedule of Program Costs
 X... CFR Schedule 2: Schedule of Program Revenues
 X... CFR Schedule 3: Program Personnel
 X... CFR Schedule 4: Program Consultant and Contractual
 X... CFR Schedule 5: Report of Service Units/Days/Nights

Independent Auditor's Report on Applying Agreed-Upon Procedures to CFR Schedule of Program Costs
 (Posted to CRV as: _____)

Independent Auditor's "In Relation To" Opinion on CFR Schedule of Program Costs
 (Posted to CRV as: _____)

X... Grant Report (Posted to CRV as: _____)
 Independent Auditor's Report on Applying Agreed-Upon Procedures to Grant Report
 (Posted to CRV as: _____)
 Independent Auditor's "In Relation To" Opinion on Grant Report (Posted to CRV as: _____)

X... IRS Return or Report (IRS 990, 990 EZ, 990 PF or other) (Posted to CRV as: _____)

X... AG 990 IL (Posted to CRV as: _____)

X... 990T (UBIT), if applicable (Posted to CRV as: _____)

X... Personnel/Administrative Information Form (Posted to CRV as: _____)

X... Provider Demographics Information Form (Posted to CRV as: _____)

Management Certification:
 We hereby certify that it is our belief that the financial reports and materials submitted to DHS are complete and accurate.

 Signature of CEO or CFO Date _____

 Signature of Board President or Board Treasurer Date _____

How are you notified of your reporting requirements continued

Sample of a Required Reporting Checklist included in the May packet. Entity specific.

DHS uses to create a log of items that we are expecting to receive in from each provider. **IMPORTANT!**



DHS FY14 FINANCIAL REPORTING CHECKLIST
THIS FORM MUST BE SIGNED AND POSTED WITH REPORTING PACKAGE.

Provider Name: CSA TRAINING 3 FEIN: 36-2144820
 Ending Date of Provider's Fiscal Year: 06/30/14 Report Due Date: 12/27/14
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X... OMB Circular A-133 Single Audit Report **Note:** If there is an "X" next to this item, your agency is assumed to have expended \$500,000 or more in Federal funds from all sources and you are required to submit to DHS an audit in compliance with OMB Circular A-133 (Single Audit) unless you declare exemption by checking the box below.
 (Posted to CRV as: _____)

We expended less than \$500,000 in Federal funds from all sources, so are not required to do A-133.

X... CFR Schedule 1: Schedule of Program Costs
 X... CFR Schedule 2: Schedule of Program Revenues
 X... CFR Schedule 3: Program Personnel
 X... CFR Schedule 4: Program Consultant and Contractual
 X... CFR Schedule 5: Report of Service Units/Days/Nights

Independent Auditor's Report on Applying Agreed-Upon Procedures to CFR Schedule of Program Costs
 (Posted to CRV as: _____)

Independent Auditor's "In Relation To" Opinion on CFR Schedule of Program Costs
 (Posted to CRV as: _____)

X... Grant Report (Posted to CRV as: _____)

Independent Auditor's Report on Applying Agreed-Upon Procedures to Grant Report
 (Posted to CRV as: _____)

Independent Auditor's "In Relation To" Opinion on Grant Report (Posted to CRV as: _____)

X... IRS Return or Report (IRS 990, 990 EZ, 990 PF or other) (Posted to CRV as: _____)

X... AG 990 IL (Posted to CRV as: _____)

X... 990T (UBIT), if applicable (Posted to CRV as: _____)

X... Personnel/Administrative Information Form (Posted to CRV as: _____)

X... Provider Demographics Information Form (Posted to CRV as: _____)

Management Certification:
 We hereby certify that it is our belief that the financial reports and materials submitted to DHS are complete and accurate.

 Signature of CEO or CFO Date _____

 Signature of Board President or Board Treasurer Date _____

How are you notified of your reporting requirements continued

Sample of a Provider Demographic Form that was included in your May packet.

DHS uses this form to update the OCA database.

Provider Demographic Information	
<u>Please confirm/correct the information below, fill in blanks when applicable, and post this form to the CRV with your financial report submission.</u>	
<small>Note: Information on this form is used by the DHS Office of Contract Administration to fulfill various administrative responsibilities. Changes to information on this form will not affect information used by other offices within DHS.</small>	
<u>FEIN</u>	99-999999999
<u>Provider</u>	CSA TRAINING 3
<u>Doing Business As (DBA)</u>	
<u>Fiscal Year End</u>	06/30/14
<u>Not For Profit</u>	Yes
<u>For Profit</u>	
<u>Taxpayer Type*</u>	NOT FOR PROFIT
<u>Contact</u>	JOE HILL
<u>Title</u>	EXECUTIVE DIRECTOR
<u>Address Line 1</u>	1234 CANDY LANE
<u>Address Line 2</u>	
<u>City, State, Zip</u>	HELPSEVERYONE, IL 77666
<u>Phone</u>	999-999-9999
<u>FAX</u>	888-888-8888
<u>E-Mail Primary</u>	JOE.HILL@HELPSEVERYONE.ORG
<u>E-Mail Secondary</u>	-

How are you notified of your reporting requirements?

- Sample of Programs to be reported on the FY14 Year End CFR which was included in the May packet.
- Report on your entity year end basis!
- DHS uses to capture total program revenues and costs as well as service unit information.
- Descriptions coming from CSA Agreement

Programs To Be Reported on FY14 CFR		
CSA TRAINING 3		99 - 999999
<u>Division</u>	<u>Program</u>	
DD	31A	DEVELOPMENTAL TRAINING (DT) ADVANCE PAYMENTS
	31U	DEVELOPMENTAL TRAINING (DT)
	39U	SEP - INDIVIDUAL-W/JOB COACH
	60D	DD CILA (RATE MODEL)
	55A	HBS SERVICE FACILITATION
	55D	HBS PERSONAL SUPPORT
	30U	OTHER DAY PROGRAMS
	31S	DEVELOPMENTAL TRAINING (SODC)
DMH	350	350-PSYCHIATRIST SERVICES IN MENTAL HEALTH CENTER
	NMR	NMR-NON-MEDICAID
	ICG	ICG
DRS	HSP	HOME SERVICES PROGRAM (HSP)
	SEP	SUPPORTED EMPLOYMENT
	VOC	VOCATIONAL DEVELOPMENT
	MENU	MENU BASED SERVICES
FCS	BTXX-DHS	SOCIAL ADJUSTMENT & REHABILITATION
	TRNEW14	TEEN REACH

How are you notified of your reporting requirements?

- Sample of FY14 Supplemental Listing of Programs To Be Reported on The FY14 GRRF Form and Grant Form.
- Reported on State Fiscal Year Basis
- Reconciliation of eligible expenditures against revenues.

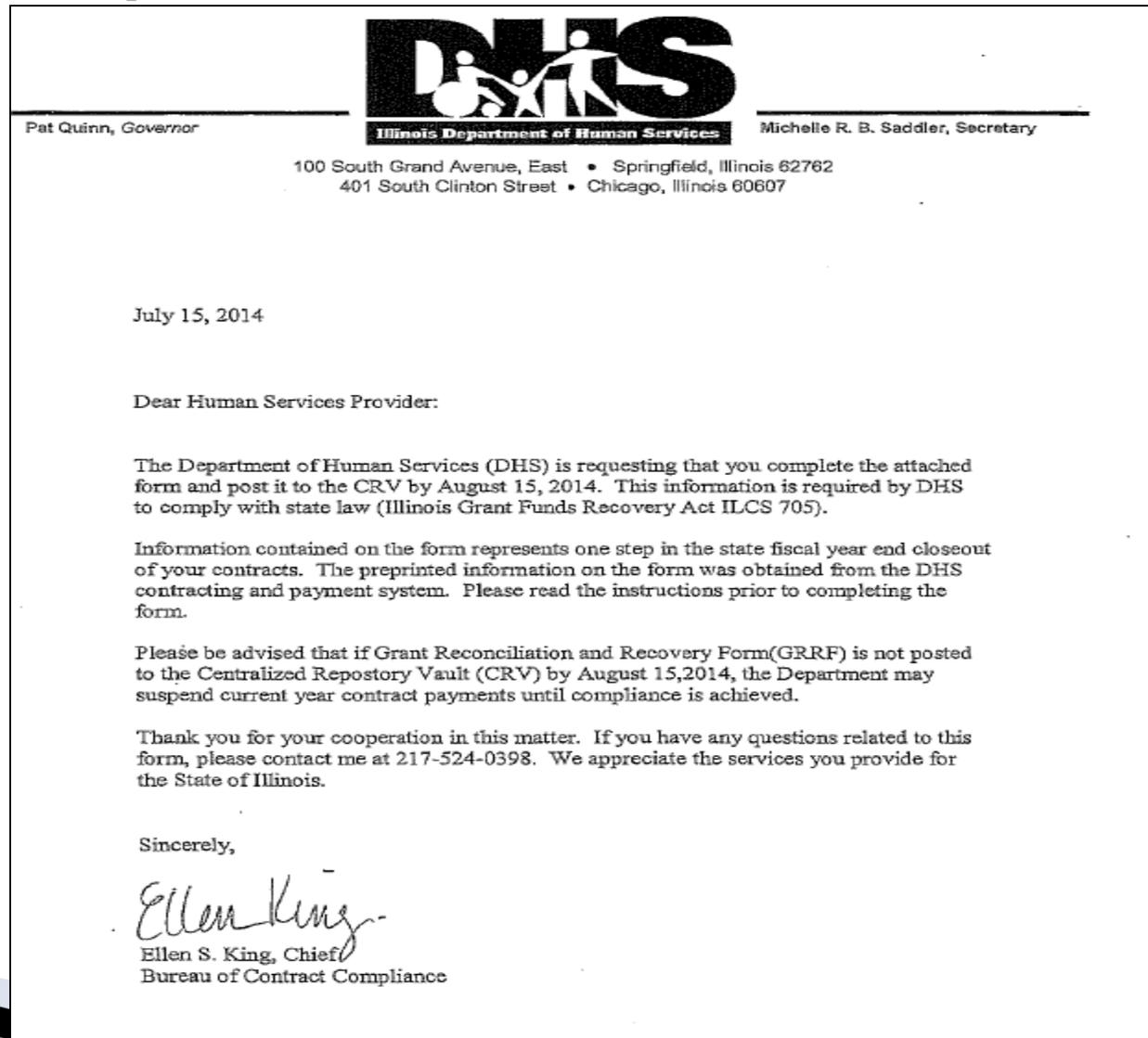
Programs To Be Reported on FY14 Grant Report

CSA TRAINING- 3 99-9999999

<u>Division</u>	<u>Contract Number</u>	<u>Program</u>
DRS	46CSD444	HOME SERVICES PROGRAM (HSP)
FCS	FCSSR.222	TRNEW14
MH	45CSB888	PSYCHIATRIST SERVICES IN MENTAL HEALTH CENTERS

How are you notified of your reporting requirements?

Copy of reminder letters that were sent July 15 to post the Grant Reconciliation Form.



How are you notified of your reporting requirements?

Sample of a Grant Reconciliation Form to be completed and posted to the CRV by August 15th.

DHS uses to collect any unspent funds per the Illinois Grant Funds Recovery Act and Federal Regulations.

ILLINOIS DEPARTMENT OF HUMAN SERVICES
GRANT RECONCILIATION/RECOVERY FORM
FOR STATE FISCAL YEAR 2014 (July 1, 2013 - June 30, 2014)

This form is to be returned by August 15, 2014.

Provider Name: CSA TRAINING 3

Address: 1234 CANDY LAKE
HELPS EVERYONE, IL 77666

F.E.L.N. 99-999999

Name of Person Completing Form: _____ Phone No. _____

<u>Contract #</u>	<u>Program Name or Description (per DHS records)</u>	<u>Amount Received*</u>	<u>Amount Expended or Legally Obligated*</u>	<u>Excess**</u>
<u>45CSB888</u>	<u>PSYCHIATRIST SERVICES IN MENTAL HEALTH CENTERS</u>	_____	_____	_____
<u>46CSD444</u>	<u>HOME SERVICES PROGRAM (HSP)</u>	_____	_____	_____
<u>FCSSR 222</u>	<u>TRNEW14</u>	_____	_____	_____

* Based on Provider's unaudited financial records.

The Illinois Grant Funds Recovery Act (30 ILCS 705, et seq.) requires that any funds not expended or legally obligated by the end of the grant period (June 30, 2014) are to be returned to the State.

**Please read the attached instructions and choose one of the following:

Appeal

I am appealing the demand by the Department for recovery of funds as allowed by the Illinois Grant Funds Recovery Act.

Payment

Enclosed is a check for the amount of the unexpended/unobligated grant funds. I acknowledge that this payment does not prohibit the Department from requiring the submittal of additional information necessary to complete this process. The actual amount due the Department may be different than the amount indicated on this form.

Signature

Title

Date



Types of Audits

Financial Statement: The purpose of an audit is to provide financial statement users with an opinion by the auditor on whether the financial statements are presented fairly, in all material respects, in accordance with an applicable financial reporting framework, which enhances the degree of confidence that intended users can place in the financial statements.

GAS Standards:

Audits performed in accordance with GAS provide information used for oversight, accountability, transparency, and improvements of government programs and operations. It contains requirements and guidance to assist auditors in objectively acquiring and evaluating sufficient, appropriate evidence and reporting the results. Tests provisions of laws, regulations, contracts and grant agreements, as well as the entity's internal controls surrounding the reporting.

Types of Audits

Single Audit: \$500k or more expended in Federal Funds from all sources. Single Audit's objective is to provide [assurance](#) to the [US federal government](#) as to the management and use of such funds by [recipients](#) such as states, cities, universities, and non-profit organizations. It encompasses both financial and [compliance](#) components. The Single Audits must be submitted to the [Federal Audit Clearinghouse](#) along with a data collection form, Form SF-SAC.

Learning Objective 3: Where and How Do You Post the Documents?

Due Dates and Sample Naming Conventions to Use for Posting in CRV.

The CFR will auto post for you from CSA. No need to post manually!

"Quick Reference Guide – DHS FY14 Required Year End Reporting"

Document Description	CRV Naming Convention for file name	Associated Document Type to Select While Posting to the CRV	Document Due Date
DHS Reporting Checklist	999999FY14DHSCHECKLIST	DHS Checklist	180 days after provider's fiscal year end date
Audited Financial Statements conducted in accordance with Government Auditing Standards	999999FY14F5	Financial Statement Audit	180 days after provider's fiscal year end date
Single Audit - A133 Audit	999999FY14SA	A-133 Audit	180 days after provider's fiscal year end date
Consolidated Financial Report (CFR)	999999FY14CFR	CFR	180 days after provider's fiscal year end date
In Relation to Opinion on CFR	999999FY14CFROPINION	CFR IRT	180 days after provider's fiscal year end date
Agreed Upon Procedures on CFR	999999FY14CFRAGREED	CFR AGR	180 days after provider's fiscal year end date
Grant Reconciliation & Recovery Form	999999FY14GRRF	GRRF	August 15, 2014
Grant Report	999999FY14GR	Grant Report	180 days after provider's fiscal year end date
In Relation to Opinion on Grant Report	999999FY14GROPINION	Grant IRT	180 days after provider's fiscal year end date
Agreed Upon Procedures on Grant Report	999999FY14GRAGREED	GRANT AGR	180 days after provider's fiscal year end date

Learning Objective 4: How to Complete a CFR

- You will need
 - Central Repository Vault (CRV) login ID and password
 - Community Service Agreement (CSA) System login and password.
- DHS is working with Central Management Services to try to have one login and password – but at this time it is two different sign ons.
- **If you need to register with the CRV or need a password reset for the CRV contact Aalyiah Bannister–Batie at (312) 793–4094 or the CRV support team at DHS.CRV.Support@illinois.gov**
- **If you need to register for the CSA or need a password reset to CSA contact 1–866–791–4554 or email the help desk at customerservice@cstonesupport.com.**

Learning Objective 4: How to Complete a Year End CFR.

- ▶ The FY14 DHS Year End CFR template is composed of seven schedules:
 - The Year End CFR Summary
 - The Schedule of Reported Programs
 - The Schedule of Program Revenue
 - The Schedule of Program Costs
 - The Report of Service Units
 - Program Personnel
 - Program Consultant and Contractual

- ▶ These schedules are very similar to the Budget CFR. Both are now housed in the CSA Portal. Remember:
 - Budget CFR – Captures **proposed** cost
 - Year End CFR – Captures **historical** cost

Learning Objective 4: How to Complete a Year End CFR.

- ▶ Why do we collect this data?
- ▶ 2 CFR Part 200 – Section 201:

“The Federal awarding agency or pass through entity may use fixed amount awards if the project scope is specific and if adequate cost, historical or unit pricing is available to establish a fixed amount award with assurance that the non-Federal entity will realize no increment above actual cost”

Learning Objective 4: How to Complete a CFR.

	A	B	C	D	E	F	G	H	I	J
1	CSA Training 3, Inc.									
2	Statement of Function Expenses									
3	For the Year Ended June 30, 2014									
4		Programs								
5		Individ	DD Cila 24	Services in	Spec FC		Research For		Mgmt &	Total
6		With Job	Hours	Mental Health	Standardized	SASS	Longevity	Total	General	Expenses
7		Coaching		Ctr						2014
8	Salaries and Wages	35,000	3,300,000	240,000	22,000	1,100,000	875,000	5,572,000	860,000	6,432,000
9	Employee Health & Retirement Benefits		41,000	12,000	1,100	75,000	70,000	199,100	147,000	346,100
10	Payroll Taxes	8,500	710,000	72,000	9,000	410,000	238,250	1,447,750	72,000	1,519,750
11	Total Salaries & Related Benefits	43,500	4,051,000	324,000	32,100	1,585,000	1,183,250	7,218,850	1,079,000	8,297,850
12										-
13	Professional Fees - Contract Services	-	80,000		-	-	-	80,000	100,000	180,000
14	Supplies		313,000	1,500	-	20,500	85,000	420,000	25,750	445,750
15	Telephone	1,400	-	4,200	-	-	4,500	10,100	12,000	22,100
16	Postage and Shipping	-	-	-	-	-	-	-	2,500	2,500
17	Occupancy	-	-	-	-	-	65,000	65,000	5,500	70,500
18	Equipment Rental & Maintenance	-	30,000	-	2,600	4,000	-	36,600	25,000	61,600
19	Outside Printing	-	-	-	-	-	-	-	14,500	14,500
20	Local Transportation	-	-	-	-	-	4,000	4,000		4,000
21	Educational conferences	-	-	-	-	-	-	-	4,000	4,000
22	Subscriptions & Reference publications	-	-	-	-	-	-	-	120	120
23	Special Assistance to Individuals	-	-		51,000	-	-	51,000	-	51,000
24	Membership dues	-	-	-	-	-	-	-	-	-
25	Miscellaneous	101	1,200	-	-	-	-	1,301	1,500	2,801
26	Total Expenses before Depreciation	1,501	424,200	5,700	53,600	24,500	158,500	668,001	190,870	858,871
27										-
28	Depreciation		90,000			250		90,250	25,000	115,250
29	Total Expenses	45,001	4,565,200	329,700	85,700	1,609,750	1,341,750	7,977,101	1,294,870	9,271,971
30										



Total Expenses Should Equal Line 44 of Your Cost Schedule!

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

- ▶ **Cost objective:** “A program, function, activity, award, organizational subdivision, contract or work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, capital projects, etc. A cost objective may be a major function of the non-Federal entity, a particular service or project, a Federal award, or an indirect (facilities and administrative (F&A)) cost activity.” (Section 200.28)

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

- ▶ **Composition of Costs**
- ▶ **“Total cost.** The total cost of a Federal award is the **sum of the allowable direct and allocable indirect costs less any applicable credits.”** (Section 200.402)

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

- ▶ **Factors affecting allowability of costs:**
- ▶ “Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards:
- ▶ **Be necessary and reasonable for the performance of the Federal award and be allocable** thereto under these principles.
- ▶ Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.
- ▶ **Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity.**
- ▶ Be accorded consistent treatment. A cost may not be assigned as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.
- ▶ Be determined in accordance with generally accepted accounting principles (GAAP), except for state and local governments and Indian tribes only, as otherwise provided for in this part.
- ▶ Not be included as a cost or used to meet cost sharing or matching requirements of any other federally financed program in either the current or a prior period. See also 200.306 cost sharing or matching paragraph b.
- ▶ **Be adequately documented.** See also 200.300 Statutory and national policy requirements through 200.309 Period of performance of this part.” (Section 200.403)

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

- ▶ **Reasonable Costs:**
- ▶ “A cost is reasonable, if, in its nature and amount, **it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.** The question of reasonableness is particularly important when the non-Federal entity is predominately federally-funded. In determining reasonableness of a given cost, consideration must be given to:
 - ▶ Whether the cost is of a type generally recognized as **ordinary and necessary** for the operation of the non-Federal entity or the proper and efficient performance of the Federal award.
 - ▶ The restraints or requirements imposed by such factors as” sound business practices; arm’s length bargaining; Federal, state and other laws and regulations; and terms and conditions of the Federal award.
 - ▶ Market prices for comparable goods or services for the geographic area.
 - ▶ Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the non-Federal entity, its employees, where applicable it students or membership, the public at large, and the Federal government.
 - ▶ Whether the non-Federal entity significant deviates from its established practices and policies regarding the incurrence of costs, which may unjustifiably increase the Federal awards costs.” (Section 200.404)

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

- ▶ **Allocable Costs:**
- ▶ “(a) A cost is allocable to a particular Federal award or other cost objectives if the goods or services involved are **chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received**. This standard is met if the cost:
 - **Is incurred specifically for the Federal award**
 - **Benefits both the Federal award and other work of the non-Federal entity and can be distributed in proportions that may be approximated using reasonable methods; and**
- ▶ **Is necessary to the overall operation of the non-Federal entity and is assignable in part to the Federal award in accordance with the principles in this subpart**

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

Classification of costs:

“There is no universal rule for classifying certain costs as either direct or indirect (F&A) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose be treated consistently in like circumstances either as direct or an indirect (F&A) cost in order to avoid possible double-charging of Federal awards. Guidelines for determining direct and indirect (F&A) are provided in subpart 2 CFR Part 200.413 and 200.414.” (Section 200.412)

Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

Direct Costs:

General: Direct costs are those costs that can be **identified specifically with a particular final cost objective**, such as a Federal award, or other internally or externally funded activity, or that can be internally or externally funded activity, or that can be directly assigned to such activities **relatively easily with a high degree of accuracy**. Cost incurred for the same purpose in like circumstance must be treated consistently as either direct or indirect cost.

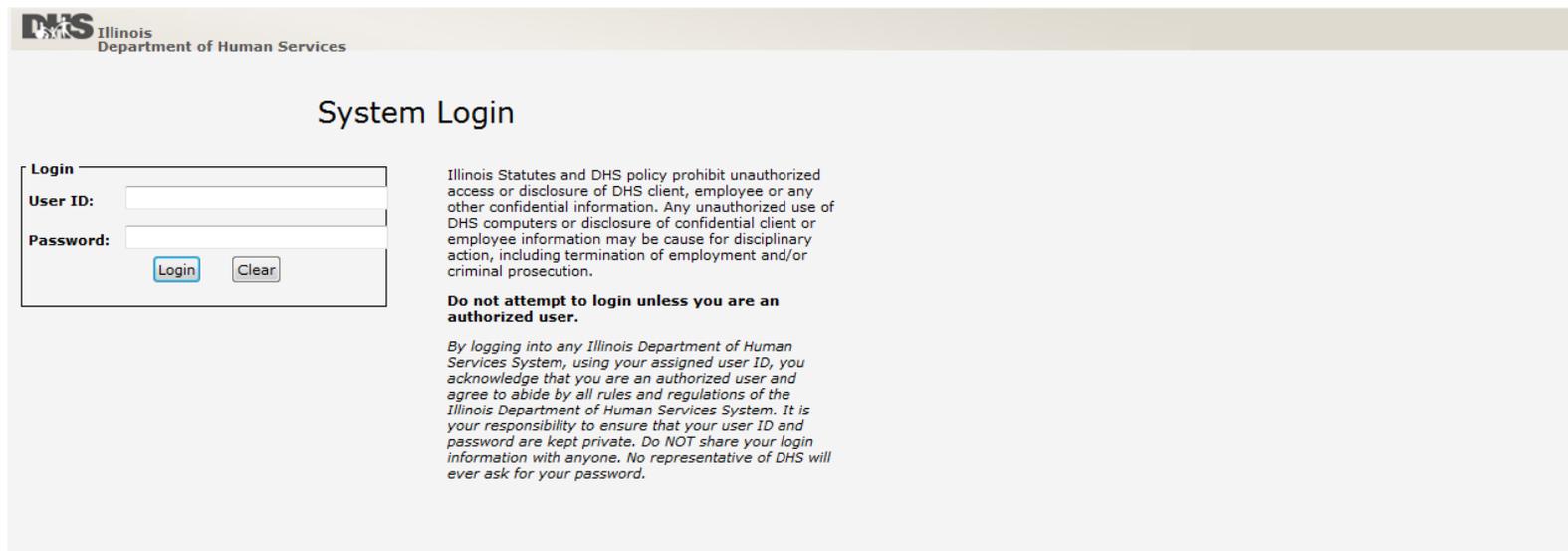
Learning Objective 4: How to Complete a CFR

Refresher – 2 CFR Part 200 Guidance for Direct Costs and Indirect Cost Classification

“Indirect costs – not easily allocated to specific cost objectives. Diversity of nonprofit organizations: Because of the diverse characteristics and accounting practices of nonprofit organizations, it is not possible to specify the types of cost which may be classified as indirect cost in all situations. Identification with a Federal award rather than the nature of the goods and services involved is the determining factor in distinguishing direct from indirect costs of Federal awards. However, typical examples of indirect (F&A) cost for many nonprofit organizations may include depreciation on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting.”
(Section 414)

Step 1 Sign on to CSA

- ▶ Go to <https://grants.dhs.illinois.gov/gpsecure/gtp>
- ▶ Login. – use a valid USER ID and Password.



The screenshot shows the login interface for the DHS Illinois Department of Human Services. At the top left is the DHS logo and the text "Illinois Department of Human Services". The main heading is "System Login". On the left, there is a "Login" section with a "User ID:" label and a text input field, a "Password:" label and a text input field, and two buttons labeled "Login" and "Clear". To the right of the form, there is a warning: "Illinois Statutes and DHS policy prohibit unauthorized access or disclosure of DHS client, employee or any other confidential information. Any unauthorized use of DHS computers or disclosure of confidential client or employee information may be cause for disciplinary action, including termination of employment and/or criminal prosecution." Below this is a bolded instruction: "Do not attempt to login unless you are an authorized user." At the bottom, there is a paragraph of text: "By logging into any Illinois Department of Human Services System, using your assigned user ID, you acknowledge that you are an authorized user and agree to abide by all rules and regulations of the Illinois Department of Human Services System. It is your responsibility to ensure that your user ID and password are kept private. Do NOT share your login information with anyone. No representative of DHS will ever ask for your password."

Step 2 - Check to see if a FY14 Year End is Needed



Illinois
Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

CSA Tracking - Provider Access

Budget(s) needing your attention
[FY2015](#)

Actual(s) needing your attention
FY2014 Year-End. [Add Actual](#)

Step 3 - Ensure year end entity date is correct



Illinois Department of Human Services

Home | Contracts | **Provider Info** | My Info | Facilities | Budgets | Help | Logout

Provider Info

Name:	DEMO PROVIDER I
FEIN:	999999999
Administrative Office D-U-N-S® Number: *	<input type="text" value="969543797"/>
Administrative Office Address: <small>(Address is auto-filled/updated after a valid DUNS is entered and saved.)</small>	2813 S Hieland Rd SAINT ANNE, IL 60964
Ownership Type: *	<input type="text" value="Not For Profit"/>
Basis of Maintaining Accounting Records: *	<input type="text" value="Accrual"/>
Fiscal Year Begin (Month-Day): *	<input type="text" value="7"/> - <input type="text" value="1"/>

By checking this box, I certify that all information provided above is correct and complete.

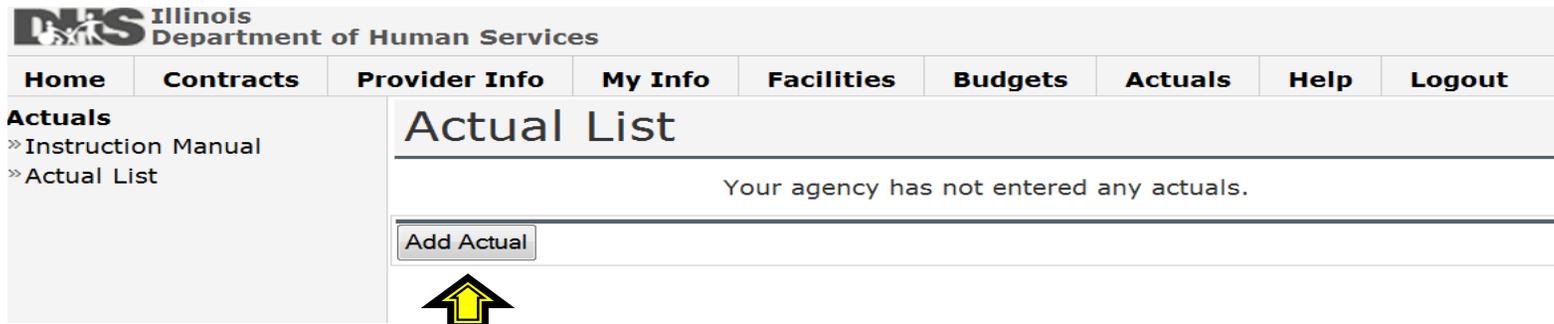
Remember: The Year End CFR is reported on your entity's fiscal basis!

Step 4 Create a FY2014 Actual Year End CFR “Shell”

To create a Year-End actual, click Actuals found on the main-menu toolbar.



Click on the Actuals Tab to bring up the Actual List. Since 2014 is the first year that you have submitted for your year-end data using the CSA system, you will see the following message:



Step 5 Complete the 2014 Year End Registration

DHS Illinois Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

Actuals
 » Instruction Manual
 » Actual List

Year-End

Fiscal Year:* 2014 ▾
 Form Type: Year End
 Standard Weekly Hours:* 0.0
 Status:

Save Cancel

DHS Illinois Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

Actuals
 » Instruction Manual
 » Actual List

Year-End

Go to Table: ▾

Fiscal Year: 2014
 Form Type: Year-End
 Standard Weekly Hours:* 40.0
 Status: In-work

Save Back Delete Print Actual

[Add Program](#)

History		
Status	Note	By
In-work	Year-End Created.	Bob Smith 10/7/14 11:49:52 AM

Use the standard weekly hours that the majority of your workforce uses.

Step 6 Add Your Programs

DHS Illinois Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

Actuals
 » Instruction Manual
 » Actual List

Year-End

Go to Table:

Fiscal Year: 2014
 Form Type: Year-End
 Standard Weekly Hours: * 40.0
 Status: In-work

Save Back Delete Print Actual

[Add Program](#)

Status	History Note	By
In-work	Year-End Created.	Bob Smith 10/7/14 11:49:52 AM

DHS Illinois Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

Actuals
 » Instruction Manual
 » Actual List

Add/Edit Program

Program Name: *
 Program Code: *
 Funding Agency: * DHS
 Description:

Save Save & Add Another Program Cancel

Step 7 Review Your Actual Program Listing

DHS Illinois
Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

Programs Jump To: Program ▾

Program		
Name	Code	Funding Agency
SEP-INDIVIDUAL W/JOB COACH	39U	DHS
DD CILA 24 HOURS	60D	DHS
PSYCHIATRIST SERVICE IN MENTAL	350	DHS
FC EMERGENCY SHELTER	FCS	DCFS
SASS	SOC	DHFS

[Year End Main Page](#)

For DHS, use the identification provided in your CSA Agreement.

Step 8 Enter the Schedule of Program Costs

								
Home	Contracts	Provider Info	My Info	Facilities	Budgets	Actuals	Help	Logout
Schedule of Program Costs								Jump To: Cost
Account Title	Total Agency	All Other Not Allocated	SEP-INDIVIDUAL W/JOB COACH 39U Show this Program only	DD CILA 24 HOURS 60D Show this Program only	PSYCHIATRIST SERVICE IN MENTAL HEALTH CENTER 350 Show this Program only	FC EMERGENCY SHELTER FCS Show this Program only	SASS SOC Show this Program only	
Program Expenses								
Position Totals (Line 33 on Personnel)	5,572,000.00	875,000.00	35,000.00	3,300,000.00	240,000.00	22,000.00	1,100,000.00	
1. Staff Salaries	5572000.00	875,000.00	35000.00	3300000.00	240000.00	22000.00	1100000.00	
2. Clerical Staff Sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3. Payl Tax&Fringe Ben	1646850.00	308,250.00	8500.00	751000.00	84000.00	10100.00	485000.00	
4. Program Consultants	80,000.00	0.00	0.00	80,000.00	0.00	0.00	0.00	
5. Cons Wage&Fringe Ben	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Medicine and Drugs	157000.00	85,000.00	0.00	52000.00	0.00	0.00	20000.00	
7. Oth Prog Eqmt & Sup	10000.00	0.00	0.00	10000.00	0.00	0.00	0.00	
8. Staff Transportation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Client Trans	4000.00	(146,000.00)	0.00	150000.00	0.00	0.00	0.00	
10. Trans To/From Sch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11. Svc Staff Conf&Conv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12. Program Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. Direct Cl Spcfc Asst	51000.00	0.00	0.00	0.00	0.00	51000.00	0.00	
14. Telecom Costs	10100.00	4,500.00	1400.00	0.00	4200.00	0.00	0.00	
15. Foster Care Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
16.1. Alcohol at Conference	101.00	0.00	101.00	0.00	0.00	0.00	0.00	
16.2. Training Supplies	0.00	(4,849.00)	4849.00	0.00	0.00	0.00	0.00	
16.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
16.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
16.5.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. Total Program Expenses	7,531,051.00	1,121,901.00	49,850.00	4,343,000.00	328,200.00	83,100.00	1,605,000.00	
Support Expenses								
18. Support Salaries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
19. Payl Tax&Fringe Ben	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
20. Dietary Supplies	241500.00	0.00	0.00	240000.00	1000.00	0.00	500.00	
21. Housekeeping&Laundry	11500.00	0.00	0.00	11000.00	500.00	0.00	0.00	
22.1. Other (Specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Start with your total column – work left to right
 – “all other” will populate for you!

Step 8 Enter the Schedule of Program Costs

23. Total Support Expenses	253,000.00	0.00	0.00	251,000.00	1,500.00	0.00	500.00
Occupancy Expenses							
24. Occupancy Salaries	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. Payl Tax&Fringe Ben	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26. Building & Eqmt Oper	90000.00	0.00	0.00	90000.00	0.00	0.00	0.00
27. Vehicle Depreciation	65250.00	65,000.00	0.00	0.00	0.00	0.00	250.00
28. All Oth Depre&Amort	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29. Vehicle Rent	6600.00	0.00	0.00	0.00	0.00	2600.00	4000.00
30. Other Lease/Rent/Tax	30000.00	0.00	0.00	30000.00	0.00	0.00	0.00
31. Equipment < \$500	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32. Mortgage & Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33. Operating Interest	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34.1. Misc	1200.00	0.00	0.00	1200.00	0.00	0.00	0.00
34.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35. Total Occupancy Expenses	193,050.00	65,000.00	0.00	121,200.00	0.00	2,600.00	4,250.00
Admin & Office Expenses							
36. Admin Salaries	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37. Payl Tax&Fringe Ben	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38. Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39. Telecom Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40. Office Supp & Equip	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41. Alloc of Mmt and Gen	1294870.00	372,566.00	8099.00	588076.00	53409.00	13720.00	259000.00
42.1. Other (Specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43. Total Administrative Expenses	1,294,870.00	372,566.00	8,099.00	588,076.00	53,409.00	13,720.00	259,000.00
44. Total Expenses	9,271,971.00	1,559,467.00	57,949.00	5,303,276.00	383,109.00	99,420.00	1,868,750.00
Non-Reimbursable Expenses							
45. Depr on DMHDD	30000.00	0.00	0.00	30000.00	0.00	0.00	0.00
46. Prod Cst&Wrksh Cl Wg	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47.1. Non Reimbursable	1301.00	0.00	101.00	1200.00	0.00	0.00	0.00
47.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
48. Total Non-Reimbursable Exp	31,301.00	0.00	101.00	31,200.00	0.00	0.00	0.00
49. Net Expenses	9,240,670.00	1,559,467.00	57,848.00	5,272,076.00	383,109.00	99,420.00	1,868,750.00
<input type="button" value="Print"/> <input type="button" value="Save&Recalculate"/> <input type="button" value="Cancel"/>							
Year End Main Page							

Remember to allocate your admin & office expense in proportion to benefits received. In reality - you will most likely have more costs than you probably received in funding - deduct that portion in lines 45-47

Step 9 Entire the Schedule of Program Revenues

								
Home	Contracts	Provider Info	My Info	Facilities	Budgets	Actuals	Help	Logout
Schedule of Program Revenue								Jump To: Revenue
Account Title	Total Agency	All Other Not Allocated	SEP-INDIVIDUAL W/JOB COACH 39U Show this Program only	DD CILA 24 HOURS 60D Show this Program only	PSYCHIATRIST SERVICE IN MENTAL HEALTH CENTER 350 Show this Program only	FC EMERGENCY SHELTER FCS Show this Program only	SASS SOC Show this Program only	
Fees + Purchase of Service								
1. Dept of Aging	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Dept of Ch & Fam Svc	98000.00	0.00	0.00	0.00	0.00	98000.00	0.00	0.00
3. Dept of Corrections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Medicaid Rehab Pmt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Dept of Human Svcs	4200000.00	0.00	0.00	4200000.00	0.00	0.00	0.00	0.00
6. Dept of Public Aid	1850000.00	0.00	0.00	0.00	0.00	0.00	1850000.00	0.00
7. Dept of Pub Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Loc Edu Agcy/Sch Dis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Local Government	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Federal Government	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Oth Gov Agencies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Client/Fam Prog Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. Svc Fee for Ind Cl	50000.00	0.00	0.00	50000.00	0.00	0.00	0.00	0.00
14. Diagnostic Svc Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15.1. Other (Specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Total Fees+Purchase of Services	6,198,000.00	0.00	0.00	4,250,000.00	0.00	98,000.00	1,850,000.00	0.00
Grant Revenues								
17. Dept of Aging	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. Dept of Ch & Fam Svc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Dept of Corrections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. DFI / CFI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. Dept of Human Svcs	439343.00	0.00	57848.00	0.00	381495.00	0.00	0.00	0.00
22. Dept of Public Aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. Dept of Pub Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Loc Edu Agcy/Sch Dis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. Local Gov Awards	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26. Federal Gov Awards	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27. Other Gov Awards	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Step 9 Entire the Schedule of Program Revenues

28. JTPA / CETA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29.1. Private Foundation	120000.00	42,000.00	0.00	60000.00	0.00	0.00	0.00	18000.00
29.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30. Total Grant Revenues	559,343.00	42,000.00	57,848.00	60,000.00	381,495.00	0.00	0.00	18,000.00
Contribution & Other								
31. Restricted to Oper	840628.00	840,628.00	0.00	0.00	0.00	0.00	0.00	0.00
32. Restricted to Cap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33. Unrestricted	30000.00	27,429.00	101.00	300.00	0.00	1420.00	0.00	750.00
34. Cont - Goods & Svcs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35. Ch & Adult Food Prog	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36. Sch Trans Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37. Sales of Goods&Svcs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38. Rent Income	144000.00	0.00	0.00	144000.00	0.00	0.00	0.00	0.00
39. Gain on Sale of Asst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40. Cafe & Vending Mach	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41.1. Fundraising Events	1500000.00	649,410.00	0.00	848976.00	1614.00	0.00	0.00	0.00
41.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42. Total Contributions & Other	2,514,628.00	1,517,467.00	101.00	993,276.00	1,614.00	1,420.00	0.00	750.00
Investment Income								
43. Restr Asst/Inv Inc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44. Unrestr Asst/Inv Inc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45. Total Investment Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
46. Total Revenues	9,271,971.00	1,559,467.00	57,949.00	5,303,276.00	383,109.00	99,420.00	0.00	1,868,750.00

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[Year End Main Page](#)

Step 10 – Enter the Report of Service Units



Home
Contracts
Provider Info
My Info
Facilities
Budgets
Actuals
Help
Logout

Report of Service Units Jump To: Unit

Description	SEP-INDIVIDUAL W/JOB COACH 39U	DD CILA 24 HOURS 60D	PSYCHIATRIST SERVICE IN MENTAL HEALTH CENTER 350	FC EMERGENCY SHELTER FCS	SASS SOC
Unit Type	<input type="text" value="0"/> <input type="text" value="Hours"/>	<input type="text" value="0"/> <input type="text" value="Days"/>	<input type="text" value="0"/> <input type="text" value="Days"/>	<input type="text" value="0"/> <input type="text" value="Nights"/>	<input type="text" value="0"/> <input type="text" value="Days"/>
# of Clients Served	0	0	0	0	0
# Client Units of Enrollment	0	0	0	0	0
# Client Units Delivered/Provided	2759	20951	614	10950	84500
Number of Days Program Operated	240	366	185	365	365
License Capacity Beginning of Report Period (1)	18	58	0	0	0
License Capacity End of Report Period (1)	18	58	0	0	0
Date of Change					

(1) Report Maximum Approved Program Capacity for Programs that do not require a license.

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If you have DHS contracts that start with 44 – reference the DD supplemental instructions. (No changes from prior years) All others please reference Service Unit Listing on our DHS website.

Step 1 1 Enter the Program Personnel

													
Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout													
Program Personnel													
Program Staff Positions	Total Agency			Amount Not Allocated	SEP-INDIVIDUAL W/JOB COACH 39U Show this Program only			DD CILA 24 HOURS 60D Show this Program only			PSYCHIATRIST SERVICE IN MENTAL HEALTH CENTER 350 Show this Program only		
	Total Hours	Total Agency Amount	Total Head Count		% Allocated	Total Program Amount	Total Head Count	% Allocated	Total Program Amount	Total Head Count	% Allocated	Total Program Amount	Total Head Count
1. Audiologist	2040.00	50000.00	1.00	0.00	0.00	0.00	0.00	100.00	50000.00	1.00	0.00	0.00	0.00
2. Behavior Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Dietary Technician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Dietitian	4080.00	100000.00	2.00	50,000.00	0.00	0.00	0.00	50.00	50000.00	1.00	0.00	0.00	0.00
5. Habil Aide/CC Aide	136680.00	1750000.00	67.00	250,000.00	0.00	0.00	0.00	85.71	1500000.00	64.00	0.00	0.00	0.00
6. Habil Prof/Sup Staff	42840.00	131600.00	21.00	0.00	0.00	0.00	0.00	84.80	111600.00	20.00	15.20	20000.00	1.00
7. LPN	20400.00	800000.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Occup Therapist	20400.00	495000.00	10.00	495,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Physical Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Physician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Principal	2040.00	80000.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	80000.00	1.00
12. Program Director	4080.00	140000.00	2.00	80,000.00	0.00	0.00	0.00	42.86	60000.00	1.00	0.00	0.00	0.00
13. Prog Clerical Staff	2040.00	35000.00	1.00	0.00	0.00	0.00	0.00	100.00	35000.00	1.00	0.00	0.00	0.00
14. Psychiatrist	6120.00	255000.00	3.00	0.00	0.00	0.00	0.00	70.59	180000.00	2.00	29.41	75000.00	1.00
15. Psychologist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Recreation Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. Registered Nurse	0.00	65000.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	65000.00	1.00
18. Social Worker	20400.00	500000.00	10.00	0.00	0.00	0.00	0.00	100.00	500000.00	10.00	0.00	0.00	0.00
19. Speech Therapist	142800.00	322000.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Subs Abuse Counselor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. Subs Abuse Paraprof	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Teacher	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. Teacher Aide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Vocational Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. Other Academic Inst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26. Other Medical Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27. Other Habil/Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28. Other Subs Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29. Case Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30. Case Mgr Ast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31. Health Educator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.1. FAL	51000.00	813400.00	25.00	0.00	0.00	0.00	0.00	100.00	813400.00	25.00	0.00	0.00	0.00
32.2. Job Coach	2040.00	35000.00	1.00	0.00	100.00	35000.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
32.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.5.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33. Total All Positions(1)	456,960.00	5,572,000.00	162.00	875,000.00	0.00	35,000.00	1.00	0.00	3,300,000.00	125.00	0.00	240,000.00	4.00
Standard Weekly Hours: 40.0													
34. MHP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35. QMHP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36. QMRP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37. RSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38. Total All Positions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(1) Totals must equal line 1 + line 2 of the Schedule of Program Costs.

Medicaid Reporting: All Medicaid programs are required to report all substitute care contract positions/salaries into the following categories: MHP, QMHP, QMRP and RSA (Lines 34-37). The expenses reported in Lines 34-37 are from the salaries that were included in the totals of Line 33.

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Step 12 Enter the Program Consultant & Contractual Expenses

Illinois Department of Human Services														
Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout														
Program Consultant and Contractual														
Program Contract Positions	Total Agency			Amount Not Allocated	SEP-INDIVIDUAL W/JOB COACH 39U Show this Program only			DD CILA 24 HOURS 60D Show this Program only			PSYCHIATRIST SERVICE IN MENTAL HEALTH CENTER 350 Show this Program only			
	Total Hours	Total Agency Amount	Total Head Count		% Allocated	Total Program Amount	Total Head Count	% Allocated	Total Program Amount	Total Head Count	% Allocated	Total Program Amount	Total Head Count	
1. Audiologist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Behavior Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Dietary Technician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Dietitian	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Habil Aide/CC Aide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Habil Prof/Sup Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. LPN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Occup Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Physical Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Physician	2040.00	80000.00	1.00	0.00	0.00	0.00	0.00	100.00	80000.00	1.00	0.00	0.00	0.00	0.00
11. Principal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Program Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. Prog Clerical Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Psychiatrist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. Psychologist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Recreation Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. Registered Nurse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. Social Worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Speech Therapist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Subs Abuse Counselor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. Subs Abuse Paraprof	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Teacher	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. Teacher Aide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Vocational Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. Other Academic Inst	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26. Other Medical Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27. Other Habil/Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28. Other Subs Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29. Case Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30. Case Mgr Ast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31. Health Educator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.1. All Oth Not Req Spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.3.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32.4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33. Total All Positions(1)	2,040.00	80,000.00	1.00	0.00	0.00	0.00	0.00	0.00	80,000.00	1.00	0.00	0.00	0.00	0.00
34. MHP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35. QMHP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36. QMRP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37. RSA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38. Total All Positions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(1) Totals must equal line 4 of the Schedule of Program Costs.
 Medicaid Reporting: All Medicaid programs are required to report all substitute care contract positions/salaries into the following categories: MHP, QMHP, QMRP and RSA (Lines 34-37). The expenses reported in Lines 34-37 are from the salaries that were included in the totals of Line 33.

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[Year End Main Page](#)

Step 13 Review the Summary Page and Submit

DHS Illinois Department of Human Services

Home Contracts Provider Info My Info Facilities Budgets Actuals Help Logout

Actuals
» Instruction Manual
» Actual List

Year-End CFR

Fiscal Year: 2014
Form Type: Year-End
Standard Weekly Hours:* 40.0
Status: In-work

[Programs](#)

History		
Status	Note	By
In-work	Year-End Created.	Bud VanDerWal 9/15/14 12:05:12 PM

Lets put what we have learned so far to work in the CSA

- We will be providing some navigation tips using an online demo which will help reinforce the concepts.



Additional Information –Recap of Major Legislation Related to Grants

- ▶ MIIC – Management Improvement Committee
- ▶ Public Act 96–1141 required the Department of Human Services, Department of Children and Family Services and the Department of Public Health to provide recommendations to the legislature to remove redundancies of administrative burden on community providers.
- ▶ Public Act 97–0558 created the MIIC to implement 35 recommendations in 7 different areas

Additional Information – Recap of Major Legislation Related to Grants continued

- ▶ Goals of MIIC:
- ▶ Reduce redundancy of the administrative burden on Provider Community
 - Uniform Reporting Requirements
 - Uniform Auditing Requirements
 - To reduce the number of on-site reviews
 - To reduce the number of requests for the same information and documentation.
- ▶ Formed the Financial Streamlining Subcommittee:
 - Subcommittee was composed of small, medium and large sized providers
 - Representatives from 5 State of Illinois Health and Human Service Agencies. Representatives from Advocacy Groups
 - This group charged with developing uniform requirements while complying with state and federal requirements.
 - Many items we discussed today – are the direct outcome of this initiative.

Additional Information – Recap of Legislation Related to Grants Continued

- ▶ At Federal Level – The Super Circular!
- ▶ The Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal awards. (Codified at 2 CFR Part 200)
- ▶ Intent is to consolidate and streamline eight Federal regulations (including OMB Circulars A-110, A-122 and A-133) into a single, comprehensive policy guide.
- ▶ Goals of the Super Circular is to :
 - Eliminate duplicative and conflicting guidance
 - Focus on performance over compliance for accountability
 - Provide for consistent and transparent treatment of costs
 - Strengthen oversight
 - Reduce waste, fraud and abuse.

Additional Information – Recap of Major Legislation Related to Grants continued

- ▶ At Federal Level – The Super Circular continued
- ▶ Final guidance issued on December 26, 2013 for the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. Codified in 2 CFR Part 200.
- ▶ Effective Date – becomes effective once implemented by Federal Agencies. Federal Agencies must implement the policies and procedures applicable to Federal Awards by promulgating a regulation to be effective by December 26, 2014.
- ▶ For Non-federal entities the audit requirements go into effect for fiscal years beginning on or after the effective. For entity beginning dates of 1/1/15 or later. (Year end date for that period will be 12/31/15 – which terms and conditions will be in the State Fiscal Year 2016 boilerplate.)

Additional Information – Recap of Major Legislation Related to Grants continued

- ▶ On July 16, 2014 State of Illinois Public Act 98–706 signed into law. This law is also referred to as the Grant Accountability and Transparency Act. (GATA)
- ▶ Purpose: to develop a coordinated, non–redundant process for the provision of effective and efficient oversight of the selection and monitoring of grant recipients.
- ▶ Will continue with the efforts made in the Management Improvement Initiative and the work of the Illinois Audit Commission and to increase the accountability and transparency in the use of grant funds from whatever source and to reduce administrative burdens on both State agencies and grantees by adopting uniform rules.
- ▶ Just like federal rules, Act is consistent with the State’s focus on improving performance and outcomes while ensuring transparency and financial integrity of taxpayer dollars.
- ▶ On or before July 1, 2015 the Governor’s Office of Management and Budget, with the advice and technical assistance of the Illinois Single Audit Commission, shall adopt Uniform Guidance 2 CFR 200. (Administrative requirements, cost principles, audit and single audit requirements).

Divisional Point of Contacts

FY '15 Contract beginning with:	Contact & E-mail Address	Phone Number
43 (DASA) Div. of Alcoholism & Substance Abuse	Rick Nance rick.nance@illinois.gov	(217) 557-6706
44 (DDD) Div. of Developmental Disabilities	Dan Blair dan.blair@illinois.gov	(217) 524-8489
45 (DMH) Div. of Mental Health	Cheri Wehmhoff cheri.wehmhoff@illinois.gov	(217) 557-8571
46 (DRS) Div. of Rehabilitation Services	Cassie Laird cassie.laird@illinois.gov	(217) 557-7764
FCS (DFCS) Div. of Family and Community Services	(See table below)	

If you have a contract with the Division of Family and Community Services (DFCS), please refer to the proper Bureau Chief listed below. The Bureau is represented within the contract by an alpha code prior to the 5 digit number.

Example 1: Contract# FCSTP01424 ("P" located before the 5 digit number represents the Bureau of Positive Youth Development; Bureau Chief Kim Fornero would be the Point of Contact)

Example 2: Contract# FCSTQ12345 ("Q" located before the 5 digit number represents the Bureau of Family Nutrition; Bureau Chief Penny Roth would be the Point of Contact)

Bureau	Alpha Code	Contact & E-mail	Phone Number
Planning & Evaluation	"B"	Jeff Peddycoart jeff.peddycoart@illinois.gov	(217) 524-3649
Workforce Development	"G"	Kathy Staten katherine.staten@illinois.gov	(773) 881-2934
Basic Support & Homeless Prevention	"H"	Mary Sue Cox marysue.cox@illinois.gov	(217) 557-9288
Child Care Development	"I"	Lesa Hilligoss leas.hilligoss@illinois.gov	(217) 785-9160
Basic Support & Title XX	"J"	Bill Benedict bill.benedict@illinois.gov	(217) 782-1017
		Steve Totten stevetotten@illinois.gov	(217) 782-1428
Immigrant & Refugee Services	"K"	Edwin Silverman edwin.silverman@illinois.gov	(312) 793-7120
		Roger Prevett roger.prevett@illinois.gov	(312) 793-2207
FCS Special Contracts (Front Door)	"M"	Cynthia Ragusa cynthia.ragusa@illinois.gov	(217) 782-5901
		Deanne Haley deanne.haley@illinois.gov	(217) 785-9686
Early Intervention	"O"	Ann Frieburg ann.frieburg@illinois.gov	(217) 557-5387
Positive Youth Development	"P"	Kim Fornero kim.fornero@illinois.gov	(217) 793-1628
Family Nutrition	"Q"	Penny Roth penny.roth@illinois.gov	(217) 524-1231
Youth Intervention Services	"R"	Karrie Rueter karrie.rueter@illinois.gov	(217) 557-0193
Childhood Development	"S"	Daniel Harris daniel.g.harris@illinois.gov	(312) 793-4627
Basic Support & Domestic Violence	"T"	Karin Manning karin.manning@illinois.gov	(217) 782-0592
Maternal & Child Care	"U"	Glendean Burton glendean.burton@illinois.gov	(312) 814-1354
Other		Cynthia Ragusa cynthia.ragusa@illinois.gov	(217) 782-5901
		Barb Payne barb.payne@illinois.gov	(217) 785-0480

This completes our training session for today.

- ▶ We will email you the link to the evaluation form.
 - ▶ Your feedback is very important to us!
 - ▶ Take a few minutes now to enter any additional questions or comments you have now using the chat room.
 - ▶ Remember to visit our website for commonly asked questions and answers.
 - ▶ If you have questions after you leave today, please send them to DHS.FY14Reporting@Illinois.gov
- ▶ A BIG THANK YOU FOR YOUR TIME TODAY – AND FOR PARTNERING WITH US!**