



ADMINISTRATIVE FISCAL FORM FY 2018-2019

I. Contact Information		Page 1 of 2
1. Agency Name:	2. Phone Number:	3. Date Prepared:
4. Street Address, City, State and Zip Code	5. Contact Person: Title: E-mail:	6. Reporting Period: <input type="checkbox"/> Quarter 1 (Jul-Sept) <input type="checkbox"/> Quarter 2 (Oct-Dec) <input type="checkbox"/> Quarter 3 (Jan-Mar) <input type="checkbox"/> Quarter 4 (Apr-Jun)
II. Case Management		
	Current <u>Quarter</u> Exp.	Year to Date Exp. (beginning July 1, 2018)
1. Direct Service Costs Case Management-Core Medical Salary & Fringe		
2. Direct Service Costs Case Management-Non Medical Salary & Fringe		
3. Direct Service Costs Non-Case Management and/or Supervisory Salary & Fringe		
4. Direct Program Costs-Case Management Materials, Equipment and Supplies		
5. Sub-Contracted Services-Case Management As approved by OHA Program Manager		
6. Administrative Costs		
7. TOTAL CASE MANAGEMENT SERVICES: Sum Line 1 through Line 6		
III. Support Services		
	Current <u>Quarter</u> Exp.	Year to Date Exp. (beginning July 1, 2018)
8. Direct Client Service Costs-Support Services Support Services Expenditures provided to clients and entered in to CAREWare		
9. Sub-Contracted Services-Support Services As approved by OHA Program Manager		
10. Administrative Costs		
11. TOTAL SUPPORT SERVICES: Sum Line 8 through Line 10		
(REPORT CONTINUED ON PAGE 2)		



IV. Oral Health Care Services	Current <u>Quarter</u> Exp.	Year to Date Exp. (beginning July 1, 2018)
12a. Direct Client Service Costs- Oral Health Care Services - SMS Oral Health Care expenditures provided to clients and entered in to CAREWare		
12b. HIV Alliance only: Direct Client Service Costs-Dental Case Management Personnel and Travel expenditures.		
12c. HIV Alliance only: Direct Client Service Costs-Travel/Lodging HIV Alliance Service Area Expenditures for clients entered in to CAREWare		
12d. HIV Alliance only: Direct Client Service Costs-Travel/Lodging Outside of HIV Alliance Service Area Expenditures for clients entered in to CAREWare		
13. Administrative Costs		
14. TOTAL ORAL HEALTHCARE SERVICES: Sum Lines 12a. (HIV Alliance only include: 12b., 12c., 12d.) and 13		
15. TOTAL CASE MANAGEMENT, SUPPORT SERVICES AND ORAL HEALTHCARE SERVICES THIS PERIOD Add Line 7, Line 11, and Line 14		

**INVENTORY OF PAYMENT CARDS RECONCILIATION
 (STORE/GAS "GIFT" CARDS, VOUCHERS, TICKETS, COUPONS¹)**

V. Inventory of Purchased Store/Gas Cards, Vouchers, Tickets, Coupons, etc.	Current <u>Quarter</u> Activity	Year to Date (beginning July 1, 2018)
V1. Beginning Value of Inventory on Hand (Carried over from prior Quarter)		
V2. Add: New Inventory Purchased this Period		

¹ RWHAP recipients are advised to administer voucher and store "gift" card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for any purpose other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.



V3. Total Inventory IN: Add Lines 1 and 2		
V4. Less: Inventory OUT, Items Distributed to Clients this Period²		
V5. Adjustment: Replacement Cards or Unused Items reversed from or added to Client Records		
V6. END VALUE INVENTORY BALANCE on hand³: Sum Line 3, Line 4, and Line 5.		
(REPORT CONTINUED ON PAGE 3)		

Reconciliation: It is expected that total Support Services and Oral Health Care Services expenditures reported on the Administrative Fiscal Form will match the data entered in to the CAREWare database. Further, totals reported should also match the amounts paid to your organization for the reporting periods.

Store/Gas “Gift” Cards: Store/Gas value cards and other vouchers, coupons, or such items allowed per the Support Services Guidance may be purchased in bulk and dispersed to clients as needed, however, bulk purchases are intended to be utilized in the same fiscal year they are purchased. Any remaining items left over at the end of the fiscal year must be reported on the Quarter 4 Administrative Fiscal Form to reconcile the discrepancies between total expenditures reported and the data entered in to the CAREWare database. Please explain any Reconciliation discrepancies in the area provided on the bottom of the Administrative Fiscal Form.

Please explain Reconciliation discrepancies here:

² V. 4. should match CAREWare and should be included in the County program PHD Expenditure & Revenue Report (aka FFR) or the Regional Programs’ Reconciliation worksheet. If allocated but not redeemed yet, please note reconciliation discrepancies below

³ This figure should match balances brought forward in the next quarter. It is expected that inventory balances would be reasonably depleted in the current fiscal year to avoid large carryover amounts from year to year.



ADMINISTRATIVE FISCAL FORM INSTRUCTIONS

I. Contact Information:

1. Enter the agency name
2. Enter the phone number of your agency
3. Enter the date this report was prepared
4. Enter the street Address, City, State and Zip Code of your agency
5. Enter the contact name, title and e-mail address of the person who can answer questions regarding this report.
6. Enter the report period and the quarter reporting.

II. Case Management:

Only report those expenditures paid for with Ryan White Part B funds or other OHA Awarded HIV Care & Treatment Funding.

Under the column titled “**Current Quarter Expenses**” enter the expenses for the quarter you are reporting for the following:

1. Direct Service Costs – Case Management Core Medical Salary & Fringe: Enter the case management staff costs. This includes wages/salaries, fringe.
2. Direct Service Costs – Case Management Non-Medical Salary & Fringe: Enter the case management staff costs. This includes wages/salaries, fringe.
3. Direct Service Costs – Non-Case Management Salary & Fringe: This may include staff salaries and fringe benefits for receptionist, file clerk, direct service supervisory staff, etc.
4. Direct Program Costs – Materials, Equipment and Supplies: This may include materials, equipment and supplies directly related to the provision of case management.
5. Sub-Contracted Services: Includes the total for contracts covering provision of an approved service such as a community based organization (CBO) providing case management services.
6. Administrative Costs: *Indirect and Overhead costs are identified under Administrative costs in the Part B guidance from HRSA.* Administrative costs include usual and recognized overhead activities, including:
 - Costs of management oversight including program coordination, clerical, financial and management staff not directly related to client services
 - Program evaluation
 - Liability insurance
 - Audits
 - Computer hardware/software not directly related to client services

Administrative costs may also include training (not sponsored by the HIV Case Management and Support Services Program) and routine agency charges for IS and other automatic agency required charge-backs. This category also includes any Indirect Charges which are defined as: any costs incurred for common or joint purposes that benefit more than one project, service, program or other distinct activity of an organization and cannot be readily identified with any one of them.



7. Total Case Management Services: Sum Line 1 through Line 6.

Under the column titled “**Year to Date (beginning July 1, 20XX)**” enter the expenses from the beginning of the fiscal year to current quarter you are reporting.

III. Support Services

Only report those expenditures paid for with Ryan White Part B funds or other OHA Awarded HIV Care & Treatment Funding.

- 8. Direct Client Service Costs – Actual Support Services Expenditures: This includes any service provided to a client, such as transportation, food, utilities etc. It is not necessary to include detail of purchased service provided in this part of the fiscal report.
- 9. Sub-Contracted Services: Includes the total for contracts covering provision of an approved service such as a fiscal agent paying for services provided outside the host agency, and other services which are provided on an ongoing basis.
- 10. Administrative Costs: *Indirect and Overhead costs are identified under Administrative costs in the Part B guidance from HRSA.* Administrative costs include usual and recognized overhead activities as defined in question 5 of the Case Management section above.
- 11. Total Support Services: Sum Line 8 through Line 10.

Under the column titled “**Year to Date (beginning July 1, 20XX)**” enter the expenses from the beginning of the fiscal year to current quarter you are reporting.

IV. Oral Health Care Services

Only report those expenditures paid for with Ryan White Part B funds or other OHA Awarded HIV Care & Treatment Funding.

- 12a. Direct Service Costs – Dental/Oral Health Care Services and Supplies.
- 12b.-d. **HIV Alliance only: Dental contract** Direct Service Costs – Dental/Oral Health Care Services and Supplies.
- 13. Administrative Costs: *Indirect and Overhead costs are identified under Administrative costs in the Part B guidance from HRSA.* Administrative costs include usual and recognized overhead activities,
- 14. Total Dental/Oral Health Care Services: Sum Line 12 and Line 13.
- 15. **TOTAL CASE MANAGEMENT, SUPPORT SERVICES AND ORAL HEALTHCARE SERVICES THIS PERIOD**: Sum Line 7, Line 11, and Line 14

Under the column titled “**Year to Date (beginning July 1, 20XX)**” enter the expenses from the beginning of the fiscal year to current quarter you are reporting.

V. Inventory Reconciliation of Payment Cards

- V1. Enter total value of all store/gas “gift” cards, cards, vouchers, coupons at beginning of the reporting period.
- V2. List total new inventory purchases for the reporting period.
- V3. Sub-Total Inventory Value: Sum of Line 1 and Line 2.



V4. Subtract value of Inventory items distributed to Clients, also listed in CAREWare for the reporting period.

V5. Adjust value of Payment Cards entered in to clients' CAREWare record but were later added or reduced outside of previous reporting periods.

Examples of adjustments:

Previously-issued cards given to the client but were lost, destroyed, or never used and have been deleted as costs in the expenditures/FFR report, or timing difference between CAREWare entry and card vendor charges to the recipient.

V6. Final Total, Inventory on Hand, Sum of Line 3, Line 4 and Line 5.

IMPORTANT:

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Store/Gas "Gift" Cards: Store/Gas value cards and other vouchers, coupons, or such items allowed per the Support Services Guidance may be purchased in bulk and dispersed to clients as needed, however, bulk purchases are intended to be utilized in the same fiscal year they are purchased. Any remaining items left over at the end of the fiscal year must be reported on the Quarter 4 Administrative Fiscal Form to reconcile the discrepancies between total expenditures reported and the data entered in to the CAREWare database. Please explain any Reconciliation discrepancies in the area provided on the bottom of the Administrative Fiscal Form.