

**Appendix F**

**Pro Forma**

Community Agency: ABC Agency, Inc.  
 Fiscal Year End: 9/30/2013  
 Funding Department: Department of Health and Human Services  
 Agreement # DHHS: CFS-13-1040  
 Agreement Period: 7/1/2012-6/30/2013  
 Agreement Amount: \$180,000  
 Program/Service: Teen Health

<b>Part I -- AGREEMENT TOTALS</b>		<b>REVENUE</b>	<b>EXPENSE</b>	<b>BALANCE</b>
1.)	PER AGREEMENT BUDGET	293,500	293,500	0
<b>AGREEMENT ADJUSTMENTS</b>				
2.)	MaineCare/Program Expenses	(45,000)	(45,000)	0
3.)	Restricted United Way/Equipment	(5,000)	(5,000)	0
4.)	In-Kind Revenue/Expenses	(3,500)	(3,500)	0
5.)		0	0	0
6.)		0	0	0
7.)		0	0	0
8.)		0	0	0
9.)	<b>TOTAL ADJUSTMENTS</b>	<b>(53,500)</b>	<b>(53,500)</b>	<b>0</b>
10.)	<b>TOTALS AVAILABLE FOR COST SHARING</b>	<b>240,000</b>	<b>240,000</b>	<b>0</b>

<b>Part II -- AGREEMENT COST SHARING</b>		<b>% OF BUDGET</b>	<b>REVENUE</b>	<b>EXPENSE</b>	<b>BALANCE</b>
11.)	Agreement # (state funds)	38%	90,000.00	90,000.00	0.00
12.)	Agreement # (federal funds)	38%	90,000.00	90,000.00	0.00
13.)	All Other - Unrestricted	13%	30,000.00	30,000.00	0.00
14.)	All Other - Restricted	13%	30,000.00	30,000.00	0.00
15.)	<b>TOTALS</b>	<b>100%</b>	<b>240,000.00</b>	<b>240,000.00</b>	<b>0.00</b>

<b>Part III Settlement</b>	<b>Department Payments</b>	<b>Allocated Expenses</b>	<b>Due Dept. (Agency)</b>
16.)	180,000	180,000	0

**Notes to Adjustments:**