

Appendix G

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

Part I -- AGREEMENT TOTALS		REVENUE	EXPENSE	BALANCE
1.)	PER AGREEMENT BUDGET	293,750	281,250	12,500
AGREEMENT ADJUSTMENTS				
2.)	MaineCare/Program Expenses	(52,000)	(52,000)	0
3.)	Restricted United Way/Equipment	(4,500)	(4,500)	0
4.)	In-Kind Revenue/Expenses	(3,500)	(3,500)	0
5.)	Available CFS-12-1040	10,000	0	10,000
6.)		0	0	0
7.)		0	0	0
8.)		0	0	0
9.)	TOTAL ADJUSTMENTS	(50,000)	(60,000)	10,000
10.)	TOTALS AVAILABLE FOR COST SHARING	243,750	221,250	22,500

Part II -- AGREEMENT COST SHARING		% OF BUDGET	REVENUE	EXPENSE	BALANCE
11.)	Agreement # (state funds)	37%	90,000	81,692	8,308
12.)	Agreement # (federal funds)	37%	90,000	81,692	8,308
13.)	All Other - Unrestricted	12%	30,000	27,231	2,769
14.)	All Other - Restricted	14%	33,750	30,635	3,115
15.)	TOTALS	100%	243,750	221,250	22,500

Part III Settlement		Department Payments	Allocated Expenses	Due Dept. (Agency)
16.)		170,000	163,385	6,615

Notes to Adjustments:

Line #5: To adjust CFS-13-1040 revenue per agency, \$170,000 to agreement amount of \$180,000 for cost sharing purposes.



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Community Agency:	Sample Community Agency
Fiscal Year End:	6/30/20XX
Funding Department:	Department of Health and Human Services
Program/Service:	Community Outreach
Agreement Number:	CDC-XX-XXXX
Agreement Period:	7/1/20XX- 6/30/20XX
Agreement Amount:	\$145,000.00

**FEE FOR SERVICE AGREEMENT
CLOSEOUT REPORT**

PART I - INVOICES SUBMITTED

INVOICES SUBMITTED BY AGENCY

List all invoice dates and amounts:

INVOICE DATE	INVOICE AMOUNT	INVOICE DATE	INVOICE AMOUNT
	\$ -	Jan. 20XX	\$ 10,183.00
	\$ -	Feb. 20XX	\$ 13,564.00
	\$ -	March 20XX	\$ 19,548.00
	\$ -	April 20XX	\$ 9,584.00
	\$ -	May 20XX	\$ 11,520.00
	\$ -	June 20XX	\$ 13,564.00
	\$ -	July 20XX	\$ 10,265.00
	\$ -	Aug. 20XX	\$ 12,365.00
	\$ -	Sept. 20XX	\$ 10,458.00
	\$ -	Oct. 20XX	\$ 11,456.00
	\$ -	Nov. 20XX	\$ 9,568.00
	\$ -	Dec. 20XX	\$ 10,252.00

TOTAL INVOICED AMOUNT **\$ 142,327.00**

PART II - AGREEMENT SETTLEMENT

TOTAL AMOUNT RECEIVED FROM DHHS **\$ 143,000.00**

AMOUNT INVOICED MINUS AMOUNT RECEIVED **\$ (673.00)**

If Amount is positive, Amount is due Agency **OR** If Amount is negative, Amount is due DHHS

Checks: If an amount is owed DHHS, submit a check payable to "Treasurer, State of Maine" to: Attn: Team #2, DHHS Service Center, 221 State Street, Augusta, ME 04333. Attach a copy of this report to the check. Include a separate check for interest due from funds paid under the agreement.

Report Completed by: _____ **Date:** _____

Reviewed by DHHS: _____ **Date:** _____