

HOW TO COMPLETE A QUARTERLY REPORT FOR COST SETTLED AGREEMENTS

Documents required to complete this report: A complete copy of the fully reviewed budget, a copy of the service contract (for the contract #) and Provider’s financial documents for the Agreement.

IMPORTANT NOTE* - A QFR needs to be submitted for each component of the contract. When completing the QFR it is critical that you use the appropriate budget column and Rider F-1 Pro Forma (F-1).

- If it is a one-year contract with a single component there will be only one budget column and one F-1.
- If it is a one-year contract with more than one component there will be a budget column and F-1 for each component.
- If it is a multi-year contract with one component there will be a budget column and F-1 for each year.
- If it is a multi-year contract with multiple components there will be a budget column and F-1 for each component and each year (ex: a 2-year contract with 3 components will have 6 budget columns and 6 F-1s).

An easy way to determine which F-1 to use is by looking at the program name and the component start and end dates in the header of the F-1. If the name of the component matches, and the dates of the quarter you are submitting fall within the dates in the F-1 header, that is the F-1 you should be using. To determine what column to use, look at the column headers on the fully reviewed budget, match the service (highlighted in green) and the program and FY dates (highlighted in orange) to the component and quarter dates of the report you are submitting.

Maine Department of Health and Human Services 		AGENCY NAME: PROGRAM NAME: AGREEMENT START DATE: AGREEMENT END DATE: DHHS AGREEMENT#:				
REVENUE SUMMARY						
LINE	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
1	REVENUE SOURCES	TOTAL PROGRAMS (this agreement)	SERVICE:	SERVICE:	SERVICE:	SERVICE:
2			PROGRAM & FY:	PROGRAM & FY:	PROGRAM & FY:	PROGRAM & FY:


Filling out the QFR Header

Below are three screenshots, **A** is the QFR header to be filled out, **B** is the Rider F-1 Pro Forma where most of the information can be obtained and **C** is the Service Contract.


- 1) Refer to screenshots A and B below
- 2) Refer to screenshots A and B below
- 3A) Refer to screenshots A and B below
- 3B) Refer to screenshots A and B below
- 4) The dates for the quarter you are reporting
- 5) Refer to screenshots A and B below
- 6) Refer to screenshots A and C below
- 7) Refer to screenshots A and B below

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A) QFR Header

 <p>Maine Department of Health and Human Services</p>	Agency:	1		
	Program(s):	2		
	Component Period:	3 A	through	3 B
	This Reporting Period:	4	through	
	Agreement Number:	5		
	CT Number:	6		
	Component Amount DHHS Agreement Funds:	7		

B) Budget Rider F-1 Pro Forma Header

 <p>Maine Department of Health and Human Services</p>	<p>RIDER F-1 PRO FORMA</p> <p>(see instructions and MAAP IV)</p>
COST SETTLED PRO FORMA	
AGENCY NAME:	1
FISCAL YEAR END:	
FUNDING DEPARTMENT:	DHHS
DHHS AGREEMENT#:	5
COMPONENT START DATE:	3 A
COMPONENT END DATE:	3 B
DHHS AGREEMENT AMOUNT IN COMPONENT:	7
PROGRAM NAME:	2

C) Service Contract

STATE OF MAINE | SERVICE CONTRACT



SERVICE CONTRACT

DATE:

ADVANTAGE CONTRACT #:

DEPARTMENT AGREEMENT #:

CONTRACT AMOUNT: \$

START DATE:

END DATE:

This Contract, is between the following Department of the State of Maine and Provider:

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IMPORTANT NOTE*: All cells highlighted in yellow on the Quarterly Financial report auto calculate formulaically. DO NOT alter the amounts in the cells highlighted in yellow.

7) Agreement Budget column: This column is for data that is taken directly from the fully reviewed budget. To the left of each cell there are instructions in red that tell you exactly what form the data is on. This column should reflect the budget exactly. If there is no entry on the budget, there should be no entry on the report.

8) Accrual Year to Date column: This data is taken from the Provider’s financial records of the Agreement that is being reported.

- For a one-year contract, it will be the accrual of all revenue up to and including the quarter being reported.
- For a multi-year contract, it will be the accrual of revenue for the year that the quarter you are reporting is in.
 - If the quarter you are reporting is in Year 2, it will be the total accrual of **Year 2 only** up to and including the quarter being reported.
- There are some one-year contracts that are longer than 12 months. Please refer to the notes at the top of the page to find out how to determine the length of the contract using the Rider F-1 Pro Forma.

	7	8	
QUARTERLY REPORT OF REVENUE AND EXPENSES	AGREEMENT BUDGET	ACCRUAL YEAR TO DATE	EXPENSES AS % OF BUDGET
REVENUE SOURCES TO BE COST SHARED			
AGREEMENT FEDERAL REVENUE			
Federal DHHS Agreement Funds (Enter Amount from Budget Form 1, Line 5 and YTD Amount)	\$ -	\$ -	
Federal BLOCK GRANT Agreement Funds (Enter Amount from Budget Form 1, Line 6 and YTD A	\$ -	\$ -	
AGREEMENT STATE REVENUE			
State DHHS Agreement Funds - GF (Enter Amount from Budget Form 1, Line 9 and YTD Amount)	\$ -	\$ -	
State DHHS Agreement Funds - FHM (Enter Amount from Budget Form 1, Line 10 and YTD Amou	\$ -	\$ -	
State DHHS Agreement Funds - OTHER (Enter Amount from Budget Form 1, Line 11 and YTD An	\$ -	\$ -	
UNITED WAY REVENUE			
United Way Funds (Enter Amount from Budget Form 1, Line 12 and YTD Amount)	\$ -	\$ -	
COUNTY/MUNICIPAL REVENUE (Enter Amount from Budget Form 1 and YTD Amount)			
List Sources Separately below:			
	\$ -	\$ -	
	\$ -	\$ -	
PRIVATE CLIENT FEES (Enter Amount from Budget Form 1 and YTD Amount)			
List Sources Separately below:			
Third Party Insurance and Self Pay	\$ -	\$ -	
Medicare	\$ -	\$ -	
UNRESTRICTED REVENUE (Enter Amount from Budget Form 1 and YTD Amount)			
Revenue not for specific use by Donor or funds committed to budget by Agency			
List Sources Separately below:			
Agency Commitment to Program	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	

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9) Agreement Budget column: This column is for data that is taken directly from the fully reviewed budget. To the left of each cell there are instructions in red that tell you exactly what form the data is on. This column should reflect the budget exactly. If there is no entry on the budget, there should be no entry on the report.

10) Accrual Year to Date column: This data is taken from the Provider’s financial records of the Agreement that is being reported.

- For a one-year contract, it will be the accrual of all expenses up to and including the quarter being reported.
- For a multi-year contract, it will be the accrual of expenses for the year that the quarter you are reporting is in.
 - If the quarter you are reporting is in Year 2, it will be the total accrual of **Year 2 only** up to and including the quarter being reported.

There are some one-year contracts that are longer than 12 months. Please refer to the notes at the top of the page to find out how to determine the length of the contract using the Rider F-1 Pro Forma(s).

EXPENSE SUMMARY	9	10	
PERSONNEL EXPENSES			
Salaries/Wages (Enter Amount from Budget Form 2, Line 4 and YTD Amount)	\$ -	\$ -	
Fringe Benefits (Enter Amount from Budget Form 2, Line 5 and YTD Amount)	\$ -	\$ -	
Third Party In-Kind Personnel (Enter Amount from Budget Form 2, Line 6 and YTD Amount)	\$ -	\$ -	
TOTAL PERSONNEL EXPENSES <i>auto calculated</i>	\$ -	\$ -	
EQUIPMENT PURCHASES (Enter Amount from Budget Form 2, Line 8 and YTD Amount)			
	\$ -	\$ -	
SUBRECIPIENT AWARDS (List each subrecipient individually below. Total Agreement Budget column should agree with Budget Form 2, Line 9.)			
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
TOTAL SUBRECIPIENT AWARD EXPENSES <i>auto calculated</i>	\$ -	\$ -	
ALL OTHER EXPENSES			
Occupancy - Depreciation (Enter Amount from Budget Form 2, Line 11 and YTD Amount)	\$ -	\$ -	
Occupancy - Interest (Enter Amount from Budget Form 2, Line 12 and YTD Amount)	\$ -	\$ -	
Occupancy - Rent (Enter Amount from Budget Form 2, Line 13 and YTD Amount)	\$ -	\$ -	
Utilities/Heat (Enter Amount from Budget Form 2, Line 14 and YTD Amount)	\$ -	\$ -	
Telephone (Enter Amount from Budget Form 2, Line 15 and YTD Amount)	\$ -	\$ -	
Maintenance/Minor Repairs (Enter Amount from Budget Form 2, Line 16 and YTD Amount)	\$ -	\$ -	
Bonding/Insurance (Enter Amount from Budget Form 2, Line 17 and YTD Amount)	\$ -	\$ -	
Equipment Rental/Lease (Enter Amount from Budget Form 2, Line 18 and YTD Amount)	\$ -	\$ -	
Materials/Supplies (Enter Amount from Budget Form 2, Line 19 and YTD Amount)	\$ -	\$ -	
Depreciation (non-occupancy) (Enter Amount from Budget Form 2, Line 20 and YTD Amount)	\$ -	\$ -	
Food (Enter Amount from Budget Form 2, Line 21 and YTD Amount)	\$ -	\$ -	
Client-Related Travel (Enter Amount from Budget Form 2, Line 22 and YTD Amount)	\$ -	\$ -	
Other Travel (Enter Amount from Budget Form 2, Line 23 and YTD Amount)	\$ -	\$ -	
Consultants - Direct Service (Enter Amount from Budget Form 2, Line 24 and YTD Amount)	\$ -	\$ -	
Consultants - Other (Enter Amount from Budget Form 2, Line 25 and YTD Amount)	\$ -	\$ -	
Independent Public Accountants (Enter Amount from Budget Form 2, Line 26 and YTD Amount)	\$ -	\$ -	
Technology Services/Software (Enter Amount from Budget Form 2, Line 27 and YTD Amount)	\$ -	\$ -	
Third Party In-Kind (Enter Amount from Budget Form 2, Line 28 and YTD Amount)	\$ -	\$ -	
Service Provider Tax (Enter Amount from Budget Form 2, Line 29 and YTD Amount)	\$ -	\$ -	
Training/Education (Enter Amount from Budget Form 2, Line 30 and YTD Amount)	\$ -	\$ -	
Miscellaneous (Enter Amount from Budget Form 2, Line 31 and YTD Amount)	\$ -	\$ -	
Indirect Allocated - G&A (Enter Amount from Budget Form 2, Line 33 and YTD Amount)	\$ -	\$ -	
TOTAL ALL OTHER EXPENSES <i>auto calculated</i>	\$ -	\$ -	
TOTAL EXPENSES <i>auto calculated</i>	\$ -	\$ -	

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IMPORTANT NOTE*: All financial reports (Quarterly Financial Reports and Agreement Closeout Reports) must be submitted using the most current Financial Form version.

Current Financial Report versions can be found here: <https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents>

Submit Contract Budgets, Quarterly Financial Reports, and Agreement Closeout Reports to the Budget Team at contract-budgets.dhhs@maine.gov.