

**OREGON DEPARTMENT OF HUMAN SERVICES  
PUBLIC HEALTH SERVICES  
REVENUE AND EXPENDITURE REPORT  
FOR FAMILY PLANNING ONLY**

Agency : \_\_\_\_\_ Period July 1, 2008 to \_\_\_\_\_

Special Project Name of Project: \_\_\_\_\_

Total FP Grant Award for FY09: \_\_\_\_\_ **OR** Special Project Award: \_\_\_\_\_

**Please read the instructions on the reverse side of this form carefully**

<b>A. Expenditures</b>	Fiscal Year-to-Date
1. Personal Services (Salaries & Benefits)	
2. Services and Supplies	
3. Capital Outlay	
<b>Total Expenses</b>	<b>\$0.00</b>
4. Less Total Program Income	\$0.00
5. State Family Planning Grant (Title X)	\$0.00
6. FPEP	\$0.00
<b>Total Reimbursable FP Grant Expenditures</b>	<b>\$0.00</b>
<b>B. Revenues</b>	Fiscal Year-to-Date
Program Income:	
1. Client Fees – Self-Pay	
2. Donations	
3. Third Party Insurance Reimbursement	
<b>Total Program Income</b>	<b>\$0.00</b>
Other Revenue:	
4. State Family Planning Grant	
5. Medicaid / OHP	
6. FPEP	
7. County General Funds	
8. Other (please identify)	
<b>Total Revenue</b>	<b>\$0.00</b>

**C. CERTIFICATE** I certify that revenues reported were authorized for use by the agency in support of this program and that expenditures and encumbrances reported are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
PREPARED BY

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
AUTHORIZED AGENT

\_\_\_\_\_  
DATE

## **Instructions for Completing the Family Planning Revenue and Expenditure Report**

You must use this form to report on your Department of Human Services Family Planning Grant. You must also use a separate Revenue and Expenditure Report for Family Planning if you are reporting on Family Planning special project or directed supplement funds.

### **When to Submit**

Expenditure reports for grants are due **25 days** following the end of the 3-, 6- and 9-month quarters (10/25, 1/25, 4/25) and **50 days** after the 12-month period (8/25). Expenditure reports due and not received by the 25<sup>th</sup> will delay payments for grant programs until correctly fill-out reports have been received from the payee for the reporting period.

### **Where to Submit**

Submit **original** to the *Office of Financial Services, Oregon Dept. of Human Services, Health Services, P.O. Box 14450, Portland, OR 97293-0450 . FAX (971) 673-1255*

### **Instructions**

Enter agency name and time period for report. Indicate if reporting on special project funds.

Enter total FP grant award or special project award.

**A. Expenditures:** Please submit the expenditures for your family planning grant program. Use a second separate form to report expenditures against special project funds.

**Line 1. PERSONAL SERVICES:** Salaries are to be reported in total. Since payroll expenses may vary from month to month, an approximate amount may be listed for each reporting period except the final period, which must show exact yearly expense.

Federal guidelines (OMB Circular A-87) require the maintenance of adequate time/activity reports if an individual is paid from grant funds. Public Health Services program coordinators are available to assist in establishing an adequate time reporting system.

**Line 2. SERVICES AND SUPPLIES:** Total all services and supplies expenditures purchased with the grant funds.

**Line 3. CAPITAL OUTLAY:** Capital outlay is defined as an expenditure for an item with a purchase price in excess of \$5,000 and a life expectancy greater than one year. It is necessary to itemize all capital outlay by cost and description. If additional space is needed for capital outlay, record the total outlay on Line 4 and attach an addendum to the report.

Federal regulations require that capital equipment (i.e., desks, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property acquired with grant funds shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulations (CFR) Part 92.32 and Part 74.34.

**Line 4. LESS TOTAL PROGRAM INCOME:** 45CFR Post-Award Requirements. Program income means gross income received by the grantee directly generated by a grant supported activity.

**B. Revenues:** Report revenues that support this program on the appropriate lines. Add lines 1 – 3 to calculate program income. Be sure that you are reporting on the cumulative year-to-date.

**C. Certificate:** The signature of the authorized agent is required to indicate his/her approval of the report.