

## Instructions for SFY 2019 Fiscal Form: Budget Development and Bi-annual Reporting

### General Instructions:

- When submitting expenditure reports, the entire worksheet is to be submitted electronically via email to Sharon Dawson at: sharon.dawson@dbhds.virginia.gov. Please also copy your technical assistance & monitoring consultants.
- When saving the file prior to submitting, please include your local system name in the file name so that it can be more easily recognized (i.e., ITC Rapid River SFY19 Fiscal Form.xls)
- The workbook and each individual sheet have been protected so that only cells that should have information may be selected.
- Some cells that require a text entry have a limited size, please enter as much information as appropriate. Even if some is not 'visible,' we will be able to read the information entered.
- Do not cut and paste items from one row to another. If you enter information into the wrong cell, please make the correction by manually entering the data into the correct cell.
- If you paste information into the spreadsheet from another source, please 'Paste Special' and select 'text' or 'Values'.

### When submitting the initial budget for SFY 2019:

Two tabs are to be completed and submitted at the same time as your local contract. These include: SFY19 Budget and System Ops Detail.

#### Begin with the tab marked SFY 19 Budget.

- Enter your local system name in the cell to the right of the words "Infant & Toddler Connection of". It is only necessary to enter this information once. It will be populated in all subsequent sheets.
- Enter your local DUNS number in the cell to the right of the words "DUNS Number:" The Data Universal Numbering System, abbreviated as DUNS or D-U-N-S is a system developed and regulated by Dun & Bradstreet (D&B) which assigns a unique numeric identifier to a single business entity. This numeric identifier is then referred to as a DUNS number.
- Complete the Annual Budget columns Section B - Revenues by Source. In the Annual Budget column, record the total dollars budgeted for Part C for SFY2019 from each of the specific revenue sources listed. Prior year retained earnings are to be included in this column. Local systems may choose to reflect only the revenue dollars budgeted by the Local Lead Agency or may reflect expected revenue for the system as a whole.
  - Federal Part C Funds: The amount of federal Part C funds allocated to the local system for the SFY 2019 year. This amount should match the amount of federal funds specified in your local Part C contract
  - Federal Part C Retained Earnings: Unexpended Federal Part C funds from the prior fiscal year.
  - State Part C Funds: The amount of state Part C funds allocated to the local system for the SFY 2019 year. This amount should match the amount of state funds specified in your local Part C contract. Per state budget language, state Part C funds may only be used for the provision of direct services.
  - State Part C Retained Earnings: Unexpended State Part C funds from the prior fiscal year (must be used only for direct services).
  - State Funds: State funds (other than Part C funds) that were originally state revenue awarded by DBHDS to the CSB or were other state revenue awarded to a non-CSB local lead agency or another participating public agency.
  - Local Funds: Any funds that were awarded to the local lead agency to be used for Part C. These funds were originally local government revenue.
  - Medicaid: Revenue from Medicaid for the provision of early intervention services through the Medicaid Early Intervention Program.

- Medicaid EI TCM: Revenue from Medicaid for provision of EI Targeted Case Management.
  - Insurance: Reimbursement from commercial insurers.
  - TRICARE: Reimbursement from TRICARE.
  - Family Cost Share: Revenue from the collection of family fees for the provision of Part C entitled services
  - Donations: Individual or organization contributions to the Local Lead Agency
  - In Kind: Assign a reasonable value of the cost of office space, computers, copies or other support that is provided without a charge to the system.
  - Other: Any revenue source not specifically listed. Specify the source by entering it into the cell that reads Other: (Specify). This cell is not protected and it will carry through to subsequent sheets. This cell may also be used to reflect an expected deficit (other revenue needed) for the year. Since Sections A and B of the form must balance, the budget in Section A also must include these needed additional funds in the Additional Revenues column. If you are submitting a budget that reflects an expected deficit, then you must also submit a letter (in accordance with 2.1.1.h of the Local Contract) to Catherine Hancock, Part C Administrator, notifying her of the expected deficit and that letter must be signed by the Local System Manager, the Executive Director (or the person from the Local Lead Agency who signs the Local Contract), and the Fiscal Officer responsible for the Part C grant.
- Complete all Annual Budget columns (Annual Federal Part C Revenues, Annual State Part C Revenues, and Additional Revenues) in Section A – Budget, Expense and Service Information by Service. Local systems may choose to reflect only the dollars budgeted by the Local Lead Agency or may reflect revenue expected for the system as a whole, but the revenue reported here must match that recorded in the Annual Budget Column of Section B.
- Annual Federal Part C Revenues: Amount of federal Part C funds allocated to the local system for the SFY 2019 year. This amount should match the amount of federal funds specified in your local Part C contract.
  - Annual State Part C Revenues: Amount in state Part C funds allocated to the local system for the SFY 2019 year. This figure should match the amount specified in your local Part C contract. Per state budget language, state Part C funds may only be used for the provision of direct services.
  - Additional Revenues: Amount to include all revenues, actual and anticipated, that will supplement the state and federal Part C dollars. These additional revenues are to be detailed in Section B: Revenue by Source. The total of the additional revenues in this column must match the total of the Annual Budget column in section B minus State Part C and Federal Part C revenues.
  - Total Revenues: Amount to include the total of all state, federal and additional revenues. This figure is calculated by the spreadsheet. This total must match the total in the Annual Budget column in Section B. No data entry is necessary.
  - Distribute the revenue across the budget line items (the rows in the table). Remember that state Part C funds may only be used for the provision of direct services.
    - ◆ Direct Services: Include all costs budgeted for providing each service including personnel costs (e.g. salaries, benefits, office space, mileage costs, contracts) and the equipment needed to provide the services (e.g. cell phones, laptops). Identify for the personnel cost, the percentage of the cost that should be allotted to Assessment for Service Planning and Eligibility Determination. Also include in Assessment for Service Planning, the cost of assessment materials.
    - ◆ System Operations - Administration: Operational costs to Local Lead Agency to administer this contract; federal expense not to exceed 5% of total allocation.
    - ◆ System Operations – System Management: Costs associated with the Local Part C System Manager and support staff (e.g. salaries, benefits, office space, mileage costs, equipment and supplies). Costs associated with billing, service authorization, collection of revenue and system oversight are included in this category.

- Complete the Actual Revenues and Actual Expenditures columns of Section B – Revenues by Source: (These must be actual totals, not estimates or projections)  
 Note: There should be no duplication in reporting of revenues between the SFY19 Mid-Year Report tab and the Therapy Provider Mid-Year Report tab, nor between the SFY19 End-of-Year Report and the Therapy Provider Year End tab. What you include on the SFY 19 Mid-Year Report and the SFY19 End-of-Year Reports depends on how you completed the Budget, as follows. (1) If the SFY19 Budget tab reflects only funds generated by the Local Lead Agency, then the actual revenue and expenditures on the SFY19 Mid-Year and End-of-Year Report tabs should also reflect only those generated by the Local Lead Agency. (2) If the SFY19 Budget tab represents a budget for the local system as a whole (including private providers), then in the SFY19 Mid-Year and End-of-Year Report, this section should include revenue generated by the local lead agency and private providers. In this case, the local system must tabulate the revenue reported by private providers on their individual Therapy Provider reports and include it on the SFY19 Mid-Year and End-of-Year Reports, and the Therapy Provider Mid-Year and Year End tabs submitted by the local system should show \$0 in the revenue section (because this revenue is already included on the SFY19 Mid Year and End-of-Year Reports).

- ◆ Actual Revenues: Total income by specific source during the reporting period regardless of date of service.
- ◆ Amount Expended: Actual amount paid for the reporting period regardless of the date of service.
- ◆ Comments: Enter any comments in the cell to the far right of each row.

**Remember**

- ◆ The SFY19 End-of-Year Report is to be completed using cumulative figures. Include expenditures for the entire year.

- Go to the therapy provider tab you are reporting (TherapyProvider Mid-Year or TherapyProvider Year End)
- Complete Section I. Expenses-Accrual Based- by entering the total number of 15 minute service units provided by all therapy providers for each service listed.
- Complete Section II. Service Coordination (Case Management) by entering the total amount of the expenses reported for service coordination from all therapy providers.
- Complete Section III. Revenue- Cash Based by entering the totals of all dollars reported by all therapy providers for each funding source. Note: If these totals are included in Section B of the SFY19 Mid-Year Report or End-of-Year Report for the Local Lead Agency, then revenue should be reported as \$0 on the Therapy Provider tab.

**Therapy Provider Tabulation Tab:**

This tab is self populated with the exception of a single data entry. Please enter the end date for the time period for which you are reporting selecting the appropriate date from the dropdown list.

**System Tabulation Tab:**

This tab is self populated with the exception of a single data entry. Please enter the end date for the time period for which you are reporting selecting the appropriate date from the dropdown list. In order to avoid duplication of expense reporting between the local lead agency and the therapy providers, the total expenditures on the System YTD tab include the total expenditures reported by the local lead agency (which include payments to therapy providers) and the total revenue reported by the therapy providers (based on the assumption that those revenues reflect expenses that were not paid by the local lead agency). The Revenue by Source section totals the dollar amounts reported to date by the local lead agency and therapy providers for each revenue source.

**LOCAL LEAD AGENCY COSTS**

Infant & Toddler Connection of: Hampton-Newport News

DUNS Number: 6601019902

**SFY 19**

**Section A: Budget, Expenses and Service Information by Service**

Budget Revision Dates:				
ANNUAL BUDGET				
	Annual Federal Part C Revenues	Annual State Part C Revenues	Additional Revenues	Total Revenues
<b>Direct Services Units of Service by 15 minute Increments (or month for SC):</b>				
Assessment for Service Planning		\$ 15,000.00		\$ 15,000.00
Counseling				\$ -
Nursing				\$ -
Occupational Therapy		\$ 25,000.00		\$ 25,000.00
Occupational Therapy - AT Service		\$ 1,000.00		\$ 1,000.00
Physical Therapy		\$ 2,000.00		\$ 2,000.00
Physical Therapy - AT Service		\$ 1,000.00		\$ 1,000.00
Psychology				\$ -
Social Work				\$ -
Developmental Services (formerly St)		\$ 167,533.00	\$ 30,000.00	\$ 197,533.00
Speech Language Pathology		\$ 100,000.00		\$ 100,000.00
Speech Language Pathology - AT Service				\$ -
Vision				\$ -
Other Services (1)				\$ -
<b>Subtotal Direct Services:</b>	\$ -	\$ 311,533.00	\$ 30,000.00	\$ 341,533.00
<b>Direct Services Individual Activities:</b>				
Assistive Technology Devices		\$ 1,000.00		\$ 1,000.00
Audiology				\$ -
Eligibility Determination (EI Providers)				\$ -
Health				\$ -
Nutrition				\$ -
Service Coordination	\$ 38,334.00	\$ 250,049.00	\$ 5,000.00	\$ 293,383.00
Transportation				\$ -
Other Services (2)				\$ -
<b>Subtotal Individual Activities:</b>	\$ 38,334.00	\$ 251,049.00	\$ 5,000.00	\$ 294,383.00
<b>System Operations</b>				
Administration	\$ 10,000.00			\$ 10,000.00
System Management	\$ 160,691.00			\$ 160,691.00
Data Collection	\$ 29,000.00			\$ 29,000.00
Training	\$ 1,500.00			\$ 1,500.00
Public Awareness/Child Find	\$ 500.00			\$ 500.00
Other System Cost	\$ 16,000.00			\$ 16,000.00
<b>Subtotal Operations:</b>	\$ 217,691.00		\$ -	\$ 217,691.00
<b>TOTAL REVENUE/EXPENDITURES:</b>	\$ 256,025.00	\$ 562,582.00	\$ 35,000.00	\$ 853,607.00

**Section B: Revenues by Source**

SOURCE	ANNUAL BUDGET
Federal Part C Funds	\$ 256,025.00
Federal Part C Retained Earnings	
State Part C Funds	\$ 562,582.00
State Part C Retained Earnings	
State Funds	
Local Funds	
Medicaid	\$ 30,000.00
Medicaid EI TCM	\$ 5,000.00
Insurance	
TRICARE	
Family Cost Share	
Donations	
In Kind	
Other: (Specify)	
<b>TOTAL REVENUE/EXPENDITURES:</b>	\$ 853,607.00
<b>SURPLUS:</b>	\$ -

Component	Narrative (Include activity details with a cost of each item)
Administration	\$10,000 City of Hampton- Cost Allocation for support from Procurement, Human Resources, Finance and Budget    
System Management	System Manager Salary and benefits @ 85% Clerical support @ 50% Postal \$1,000, PC maintenance charges \$ 882.00 Office phones \$2,500 Office space @ 60% \$5,784 Office supplies \$3000, printing Welcome books etc \$1,000  
Data Collection	Data entry support @ 50% PC Maintenance charges \$490.00 New Computer \$2,000  
Training	Training- inservice and online trainings for staff to maintain licensure \$1,500   
Public Awareness/ Child Find	Cost of printing local public awareness brochures and materials \$500.00   
Other System Cost	Cost of translation - estimated based on translation of IFSPs , translators and sign language interpetures \$16,000.00   