

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

INSTRUCTIONS FOR COMPLETING THE START-UP FUNDS REQUEST

General Instructions

The Start-Up Funds Request is a one-time only invoice for Start-up expenses identified in the approved project proposal.

A template for the Start-Up Funds Request form is available for download in MS WORD 2003 format from the CPTT website at: http://dmh.lacounty.gov/hipaa/edi_homepage.html.

DMH Invoice No.	Leave blank.
Invoice Date	Enter the Invoice date in the format MM/DD/YYYY.
Contractor Invoice No.	Enter your (Contractor's) Invoice number.
Invoice Period	Identify the Invoice Period below.
Monthly Month/Date	Check this box if your TNFA indicates monthly invoicing. Enter <u>Fiscal Year</u> in the format YY-YY. Leave the <u>From</u> date and <u>To</u> date blank.
Quarterly Jan.-Mar. Apr.-Jun. Jul.-Sept. Oct.-Dec.	Check the applicable box if your TNFA indicates quarterly invoicing. Check only one box and use only one line. Enter <u>Fiscal Year</u> in the format YY-YY. Leave the <u>From</u> date and <u>To</u> date blank.
Project Name	Enter the Project Name as it appears in the TNFA.
Project ID No.	Enter the Project ID No. as it appears on the project approval notification letter.
Contract No.	Enter the contract number as it appears in the TNFA.
Legal Entity No	Enter the Legal Entity number as it appears in the TNFA.
Final Invoice	Leave blank.
Contractor Remittance Information	Enter Contractor's remittance information below.
Name	Enter the name of the Contractor as it appears in the TNFA.
Address	Enter the address of the Contractor administrative office as it appears in the TNFA.
City, State, ZIP	Enter the City, State, and ZIP Code of the Contractor administrative office as it appears in the TNFA.
Phone	Enter the phone number of the Contractor's Project Director as it appears in the TNFA.
Email	Enter the e-mail address of the Contractor's Project Director as it appears in the TNFA.
Contractor's Project Director	Enter the name of the Contractor's Project Director as it appears in the TNFA.

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1. Description of work performed during the invoice period.	Leave blank.
2. Invoice Amount by Budget Category:	Enter amount of your Start-up request only.
Personnel	Leave blank.
Hardware	Leave blank.
Software	Leave blank.
Contract Services	Leave blank.
Other Expenses	Leave blank.
Start-up Costs	Enter the amount in whole dollars for all Start-up Costs approved for the project. You must request the entire Start-up amount.
3. Total Invoice Amount	Enter the total amount of the Start-up request in whole dollars.
4. Cumulative Amount Invoiced to Date	Enter the total amount of the Start-up request in whole dollars.
5. Projected Remaining MHSA Project Costs	Enter total amount of remaining Project budget, after subtracting Start-up Costs.
Contractor's Project Director Signature	Contractor's Project Director identified in the TNFA must sign and date the Invoice.
Date	Enter date of signature by the Contractor's Project Director.
County's Project Manager Signature	Leave blank.
Date	Leave blank.
County's Project Director Signature	Leave blank.
Date	Leave blank.
Approved	Leave blank.
Denied	Leave blank.
If denied, state reason	Leave blank.

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SAMPLE START-UP FUNDS REQUEST

DMH INVOICE NO. (DMH Use Only) _____	INVOICE DATE: <u>04/01/2010</u>	CONTRACTOR INVOICE NO. <u>IT-2010-05-30</u>
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INVOICE PERIOD: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%; text-align: center;"><u>Fiscal Year</u></td> <td style="width:15%; text-align: center;"><u>From:</u></td> <td style="width:15%; text-align: center;"><u>To:</u></td> </tr> <tr> <td>Monthly</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Month/Date</td> <td align="center"><u>09-10</u></td> <td></td> <td></td> </tr> <tr> <td>Quarterly</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jan.-Mar.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Apr.-Jun.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Jul.-Sept.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Oct.-Dec.</td> <td></td> <td></td> <td></td> </tr> </table>		<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>	Monthly				<input checked="" type="checkbox"/> Month/Date	<u>09-10</u>			Quarterly				<input type="checkbox"/> Jan.-Mar.				<input type="checkbox"/> Apr.-Jun.				<input type="checkbox"/> Jul.-Sept.				<input type="checkbox"/> Oct.-Dec.				PROJECT NAME: <u>Clinical Data and Practice Mgmt. System Project</u> <hr/> Project ID No. <u>CDM00999A</u> Contract No. <u>MH100999</u> Legal Entity No. <u>00999</u> <hr/> Final Invoice <input type="checkbox"/> (check if final)
	<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>																														
Monthly																																	
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<input type="checkbox"/> Oct.-Dec.																																	

SUBMIT TO: County of Los Angeles Department of Mental Health Chief Information Office Bureau 695 S. Vermont Avenue, 7 th Floor Los Angeles, CA 90005 Attn: Gordon Bunch, MA	CONTRACTOR REMITTANCE INFORMATION: Name: <u>XYZ Agency, Inc.</u> Address: <u>123 Main Street</u> City, State, ZIP: <u>Los Angeles, CA 90000</u> Phone: <u>(213) 555-1212</u> Email: <u>JDoe@XYZAgency.org</u> Contractor's Project Director: <u>John Doe, Ph.D., Executive Director</u>
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1. Description of work performed during the invoice period.

2. **Invoice Amount by Budget Category:**

• Personnel	N/A	• Contract Services	N/A
• Hardware	N/A	• Other Expenses	N/A
• Software	N/A	• Start-up Costs	<u>\$28,875.00</u>

3. **Total Invoice Amount:** \$28,875.00

4. Cumulative Amount Invoiced to Date: \$28,875.00

5. Projected Remaining MHSA Project Costs: \$129,223.00

Contractor's Project Director **Signature:** John Doe, Ph.D., Executive Director Date: 4/01/10

DMH USE ONLY	
County's Project Manager Signature: _____	Date: _____
County's Project Director Signature: _____	Date: _____
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> If denied, state reason: _____	

IMPORTANT: Start-Up Funds Request must be submitted in hard copy (paper) format only, including the original signature of the Contractor's Project Director.