



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT FEDERAL BLOCK GRANT QUARTERLY REPORTING REQUIREMENTS	POLICY NO. 408.1	EFFECTIVE DATE 09/01/04	PAGE 1 of 2
APPROVED BY: <i>Marius J. Southard</i> Director <i>SP</i>	SUPERSEDES 10/01/89	ORIGINAL ISSUE DATE 3/29/88	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To establish procedures for compliance with Federal Block Grant Quarterly reporting requirements.

POLICY

- 2.1 The Federal Block Grant (FBG) eligible expenditures incurred by the County directly operated providers and the Non-Governmental Agency (NGA) contract providers must be reported quarterly to the State on form MH 1784 Grant Financial Status Report (Attachment I), which is a summary of expenditures. In addition, all cash receipts and disbursements are reported on form MH 1785 Grant Cash Transaction Report (Attachment II). This form is a summary of cash transactions between the State and the County. These two forms are due to the State twenty (20) days after the end of each quarter.

PROCEDURE

- 3.1 The FBG quarterly expenditure report is to reflect the first and second months actual costs and the third month estimated cost.
 - 3.1.1 The estimated cost for the third month is determined by the average cost for the first two months of each quarter.
 - 3.1.2 The estimated cost for the third month is necessary because of the restrictive 30-day turnaround period allowed for the State to receive the report after the end of each quarter.
 - 3.1.3 The one month estimated cost is to be adjusted to the actual cost of which the adjustment will be reflected in the next quarterly expenditure report.
- 3.2 The costs reported on the quarterly expenditure report for the County directly operated providers and NGA contract providers are based on units of service and/or actual cost information.
 - 3.2.1 The source documents for these expenditures are CAPS, CWPAY, and the MIS 630B report.



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3.3 Responsible parties:

- 3.3.1 Los Angeles County Department of Mental Health (LACDMH) Accounting Division is responsible for updating the information in the CAPS Reports.
- 3.3.2 LACDMH Human Resources Bureau is responsible for updating the information on CWPAY.
- 3.3.3 LACDMH MIS Division is responsible for generating the MIS 630B report.
- 3.3.4 LACDMH Budget and Reimbursement Division is responsible for the submission of the quarterly expenditure reports to the State.

AUTHORITY

Federal and State Block Grant Guidelines

ATTACHMENT

Attachment I Grant Financial Status Report
Attachment II Grant Cash Transaction Report

REVIEW DATE

This policy shall be reviewed on or before August 1, 2009.

GRANT FINANCIAL STATUS REPORT

MH 1784 (04/04)

INSTRUCTIONS ARE ON THE REVERSE SIDE.

STATE FISCAL YEAR _____

COUNTY _____ I.D.# (IF APPLICABLE) _____

TYPE OF GRANT (Check One Only): SAMHSA _____ PATH _____

SUBMISSION (Check One): _____ FIRST _____ SECOND _____ THIRD _____ FOURTH _____ COST REPORT

A. Grantee Information:

1 Name of Contact Person: _____

2 Address: _____ Unit: _____

City and Zip Code: _____ E-Mail Address: _____ Telephone: _____

3 Accounting Basis: _____ Cash _____ Accrual _____ Modified Accrual

B. Provider Information: (Attach separate list if more than one provider)

1 Provider: _____

2 Address: _____

City and Zip: _____

3 Employer Identification Number (If Applicable): _____

C. Fiscal Information Related to COUNTY (Not by Provider) Operations of the Grant:

1 Net expenditures previously reported (line C.3. from prior quarters report)	_____
2 Total net expenditures this report period (worksheet on back)	\$ _____ -
3 Net expenditures to date (line C.1. plus line C.2.)	\$ _____ -
4 Less: Nongrant share of expenditures	\$ _____ -
5 Total grant share of expenditures (line C.3. minus C.4.)	\$ _____ -
6 Total unliquidated obligations	\$ _____ -
7 Less: Nongrant share of unliquidated obligations	\$ _____ -
8 Grant share of unliquidated obligations (line C.6. minus line C.7.)	\$ _____ -
9 Total grant share of expenditures and unliquidated obligations (line C.5. plus line C.8.)	\$ _____ -
10 Total amount of grant funds authorized	_____
11 Unobligated balance of grant funds (line C.10 minus line C.9.)	\$ _____ -

D. Nonfiscal Information:

1 Certification: I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all disbursements have been made in accordance with the grant agreement.

2 Signature: _____ Date: _____

3 Name and Title: (Print or Type) _____

4 Telephone Number: () _____ Extensions: _____

E. Remarks:

GRANT CASH TRANSACTION REPORT
MH 1785 (04/04)

INSTRUCTIONS ARE ON THE REVERSE SIDE.

STATE FISCAL YEAR _____

COUNTY _____

I.D.# (IF APPLICABLE) _____

TYPE OF GRANT (Check One Only): ~~---SAMHSA~~ _____ PATH _____

SUBMISSION (Check One): _____ FIRST _____ SECOND _____ THIRD _____ FOURTH _____ COST REPORT

A. Grantee Information:

1 Name of Contact Person: _____
 2. Address: _____ Unit: _____
 City and Zip Code: _____ E-Mail Address: _____ Telephone: _____

B. Provider Information: (Attach separate list if more than one provider)

1. Provider: _____
 2. Address: _____
 City and Zip: _____
 3 Employer Identification Number (If Applicable): _____

C. Fiscal Information Related to COUNTY (Not by Provider) Operations of the Grant:

1. Cash on hand beginning of period (from line 6 prior qtr. report):		\$ _____
2. Receipts:		
A. Reimbursements	\$ _____	
B. Advances	\$ _____	
C. Grant Share of Income	_____	
D. Interest Income	_____	
	Total	\$ _____
3. Total Cash Available (sum of line C.1. and C.2.):		\$0
4. Disbursements: (insert as a negative number)		\$0
5. Adjustments of prior quarters: (insert as negative or positive number, as appropriate)		\$ -
6. Cash on hand at end of quarter:		\$ -
7. The amount shown on line 6. represents cash requirements for the next _____ days (should not exceed 3 days).		
8. Advances during the quarter: All Providers		\$ -

D. Nonfiscal Information:

1. Certification: I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all disbursements have been made in accordance with the grant agreement.

2. Signature: _____ Date: _____

3. Name and Title: (Print or Type) _____

4. Telephone Number: (____) _____ Extension: _____

E. Remarks: