

**INSTRUCTIONS FOR COMPLETING THE**  
**DBH/IDS/EI FISCAL SUBMISSION FORM**  
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**I. PURPOSE**

The purpose of this form is to identify the contents of a fiscal submission and the agency staff person who should be contacted regarding the specific submission.

**II. GENERAL INSTRUCTIONS**

- A. The form must be submitted as a "cover" page for all fiscal submissions and must accompany each copy of all budgets and quarterly invoices.
- B. A separate form must be completed for each distinct submission. Do not enclose more than one type of submission under one cover page.

**III. PREPARING THE FORM**

- A. Submission for Fiscal Year: Enter the fiscal year for which the submission was prepared.
- B. Date Submitted, Agency, Address: Enter date submitted and the agency name and address.
- C. Type of Submission: Check the appropriate block to identify the submission or complete "Other" section, where applicable.
- D. Executive Director, Phone Number, Fax Number, and E-mail Address: Enter the name, telephone and FAX numbers, and E-mail address of the Executive Director/CEO of the organization.
- E. Agency Fiscal Contact, Phone Number, Fax Number, E-mail Address: Enter the name, telephone and FAX numbers, and E-mail address of the agency staff person who should be contacted for inquiries regarding the submission.

**INSTRUCTIONS FOR COMPLETING THE**  
**SUMMARY OF PROGRAM ACTIVITIES**  
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**I. PURPOSE**

The purpose of this form is to provide an overview of all activities that are budgeted by the agency. This information will be used to develop contract work statements.

**II. GENERAL INSTRUCTIONS**

- A. All program activities which have been identified on the planning allocation, transmitted by the DBH/IDS should be reported on this form. If not please provide an explanation in the cover letter.
- B. Agencies should note that the services, projected expenditures, etc. reported on the Summary of Program Activities, when approved by the DBH/IDS, will become the contract work statement (CWS) for monitoring and control purposes.

**III. PREPARING THE FORM**

- A. Heading: Enter agency name, period covered, date submitted. Signatures of the Executive Director and Board Chairperson are required in the "Approved" block.
- B. Columns:
  - 1. Program Activity: List all program activities that have been authorized by the DBH/IDS/EI. List in numerical sequence based upon the PAC code, consistent with the planning allocation notice or CWS.
  - 2. PAC Code: Enter program activity code for each activity reported.
  - 3. Projected Eligible Expenditures:
    - a. Personnel: Enter the amount budgeted for eligible personnel expenditures.
    - b. Operating: Enter the sum of the amounts budgeted for the subtotal of eligible Operating and Equipment/Assets.
    - c. Administration: Enter the amount for eligible administrative expenditures.
    - d. Total: Enter the total of Personnel, Operating and Administration.

**INSTRUCTIONS FOR PREPARING  
THE SUMMARY OF PROGRAM ACTIVITIES  
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4. Revenue: When reporting program funded activities enter the projected amount of revenue to be reported as an offset to eligible expenditures as reported on the Expenditure Summary.
5. Allocation: Enter the amount of funding requested from the DBH/MRS (Total minus Revenue).
6. Total (Row): Enter the total budgeted amount in the Personnel, Operating, Administration, Total, Revenue, and Allocation columns.

**INSTRUCTIONS FOR PREPARING THE  
EXPENDITURE SUMMARY  
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**I. PURPOSE:**

This form is used to summarize and report the budgeted or actual expenditures and revenue by the line-item classifications that are required by the account structure of the Pennsylvania Department of Public Welfare.

**II. GENERAL INSTRUCTIONS:**

- A. Multiple PACs can be entered on this form. Use as many forms as necessary to report all PACs as listed on the Information Sheet. The sub-total classifications (Personnel, Operating, Administration, Revenue, and Net to be Funded) must correspond to those reported on the Program Activity Invoice Summary or Summary of Program Activities, except for fee-funded programs, for which total costs are computed on a fee basis and are entered in the Operating column.

**III. PREPARING THE FORM:**

- A. Heading: Enter agency name, date submitted, and the period covered.
- B. Program Activity: Enter the authorized program activity for the respective service area.
- C. PAC Code: Enter the code corresponding to the program activity which is reported.

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D. Classifications:

1. Personnel Services:
  - a. Wages & Salaries: Enter the wage and salary totals
  - b. Employee Benefits: Enter amounts for employee benefit expenses for the program activity.
  - c. Purchased Personnel: Enter the amounts for Purchased Personnel (include temporary help and professional practitioners and consultants who are not regular employees).
  - d. Other Personnel Expense: Enter amounts for other personnel expenses such as professional fees, purchased payroll processing, etc. for the program activity.
  - e. Staff Development: Enter amounts for staff development.
  - f. Sub-Total Personnel: Enter the sub-total for personnel expenses for each PAC.
2. Operating Expenses: Enter amounts for all applicable expenditure classifications within this category and enter the sub-totals for operating expenses.
3. Equipment/Assets: Enter amounts for all applicable expenditure classifications within this category and enter the sub-totals for Equipment/Assets.
4. Total Direct: Enter sub-totals for all direct costs/expenditures reported. The amount reported on total Direct line should equal the sum of the sub-totals of Sections A, B, and C.

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EXPENDITURE SUMMARY  
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5. Administration: Enter the applicable amounts for administration. .
6. Total Eligible Costs: Enter total of Direct Cost-plus administration
7. Revenue: Enter revenue from all sources that the provider is required to report as an offset to eligible expenditures. Amounts reported for the individual revenue sources should be totaled and this amount reported on the Summary of Program Activities/Program Activity Invoice Summary.
8. Net Eligible to Be Funded: Enter the amount of funding requested from IDS/EI (Total Eligible Costs minus Sub-Total Revenue).
9. Ineligible Expenditure: Report expenses which are ineligible for reimbursement by the DBH/IDS. Expenses which are not incurred in compliance with DBH/IDS/EI Program regulations or otherwise do not conform with reimbursement policy of the DBH/IDS are reported in this column.