

FINAL REPORT

MEDICAID CONTACT PAYEE INFORMATION

Contract No.: _____

Report Prepared By: _____

Agency Name: _____

Mailing Address: _____

Street		
City	State	Zip Code

Telephone # of
Report Preparer: _____ County: _____

E-Mail Address: _____

INSTRUCTIONS

- ❖ Submit one signed original report and one copy to STAC, Special Aids and Medicaid Unit, New York State Education Department, Room 514W EB, Albany, NY 12234.
- ❖ Category subtotals must be reported in whole dollar amounts.
- ❖ To be in compliance with applicable audit requirements, complete and accurate records must be maintained at the local level.
- ❖ All encumbrances must have taken place within the approved funding dates of the project.
- ❖ Certification on page 8 must be signed by Chief Administrative Officer or designee.
- ❖ High quality computer generated reproductions of this form may be used.
- ❖ For Special Legislative Projects only, a final program narrative report must be submitted with this report.

SALARIES FOR PROFESSIONAL STAFF: Code 15

Include only staff that are employees of the agency. Do not include consultants or central administrative staff that are considered to be indirect costs, e.g. business office staff. The FTE (full-time equivalent) Applied to Medicaid represents the portion of the time a person spends in support of the Medicaid contract.

Name	Position Title	Total FTE Applied to Medicaid	Medicaid Salary Paid
Subtotal - Code 15			

SALARIES FOR SUPPORT STAFF: Code 16

Include salaries for secretarial and clerical assistance, and for personnel in pupil transportation and building operations and maintenance. Do not include central administrative staff that are considered to be indirect costs, e.g., account clerks. The FTE (full-time equivalent) Applied to Medicaid represents the portion of the time a person spends in support of the Medicaid contract.

Name	Position Title	Total FTE Applied to Medicaid	Medicaid Salary Paid
Subtotal - Code 16			

PURCHASED SERVICES: Code 40

Include consultants (indicate per diem rate), rentals, and other contractual services. Copies of contracts may be requested by the State Education Department. Purchased Services from a BOCES, if other than applicant agency, should be reported under Purchased Services with BOCES, Code 49.

Encumbrance Date	Provider of Service	Check or Journal Entry #	Amount Expended
Subtotal - Code 40			

SUPPLIES AND MATERIALS: Code 45

Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
Subtotal - Code 45			

TRAVEL EXPENSES: Code 46

Dates of Travel	Name of Traveler	Destination and Purpose	Check or Journal Entry	Amount Expended
Subtotal - Code 46				

EMPLOYEE BENEFITS: Code 80

List only the total project salary amount for each benefit category. Benefits may only be claimed for salaries reported in Code 15 or Code 16. Rates used for project personnel must be the same as those used for other agency personnel.

Benefit	Project Salaries	Rate	Amount Expended
Teacher Retirement			
Employee Retirement			
Other Retirement			
Social Security			
Worker's Compensation			
Unemployment Insurance			
Health Insurance			
Other (Identify)			

A. Modified Direct Cost Base – Sum of all preceding subtotals (codes 15, 16, 40, 45, 46, and 80 and excludes the portion of each subcontract exceeding \$25,000 and any flow through funds)	\$	(A)
B. Approved Restricted Indirect Cost Rate	%	(B)
C. (A) x (B) = Total Indirect Cost	Subtotal – Code 90	\$
		(C)

Encumbrance Date	Name of BOCES	Check or Journal Entry #	Amount Expended
Subtotal – Code 49			

Include expenditures for salaries, associated employee benefits, purchased services and supplies and materials related to alterations to existing sites.

Purchase Order Date Or Dates of Service	Provider of Service	Check or Journal Entry #	Amount Expended
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Subtotal – Code 30			

EQUIPMENT: Code 20

Items of equipment purchased must agree in type and number with the equipment approved in the project budget.

Purchase Order Date	Vendor	Check or Journal Entry #	Amount Expended
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Subtotal - Code 20			

FINAL EXPENDITURE SUMMARY

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Grand Total		

CHIEF ADMINISTRATOR'S CERTIFICATION

I hereby certify that all expenditures reported herein are directly attributable to this project and have been made in accordance with the approved budget and all applicable Federal and State laws and regulations.

Date

Signature

Name and Title of Chief Administrative Officer

Agency
Code:

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Project #:

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Contract #:

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Agency Name: _____

Project Funding
Dates:

_____/_____/_____	_____/_____/_____
From	To

Approved Budget
Total:

\$ _____

FOR DEPARTMENT USE ONLY

Fiscal Year

Amount Expended

Final Payment

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Voucher #

\$ _____
Final Payment

Finance:

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Log

Approved

MIR