

AGENCY NAME  
PROGRAM NAME

PROGRAM BUDGET IDENTIFICATION # \_\_\_\_\_  
STATEMENT OF REVENUES AND EXPENDITURES  
FOR THE YEAR ENDED \_\_\_\_\_

**REVENUES:**

ACS

Fees Collected

Other Income

TOTAL REVENUES

CAPS APPROVED BUDGET	CAPS ACTUAL AMOUNTS	CAPS VARIANCE	QUESTIONED COSTS
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\$                      \$                      \$                      \$

**EXPENDITURES**

PS EXPENDITURES

TOTAL PS EXPENDITURES

OTPS EXPENDITURES

TOTAL PS AND OTPS EXPENDITURES

Administrative Overhead

TOTAL EXPENDITURES  
(Less) Questioned Costs

TOTAL ALLOWABLE COSTS

(Deficiency)/Excess of Revenue Over Expense




AGENCY NAME \_\_\_\_\_  
PROGRAM NAME \_\_\_\_\_  
PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_  
SCHEDULE OF FRINGE BENEFITS  
FOR THE YEAR ENDED \_\_\_\_\_

<u>Description</u>	<u>Budgeted</u>	<u>Actual</u>	<u>Actual Fringe % of Total Salary Cost</u>	<u>Variance</u>
FICA	\$	\$	\$	\$
Health				
Worker's Compensation				
Unemployment				
Disability				
Other				
<b>TOTAL</b>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>

AGENCY NAME  
PROGRAM NAME  
PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_  
SCHEDULE OF FIXED ASSETS\* INVENTORY  
AS OF \_\_\_\_\_

<u>Description</u>	<u>Year of Purchase</u>	<u>Serial Number</u>	<u>Date Purchased with ACS Funds</u>	<u>Cost</u>
Current Year				\$
Prior Year(s)				
Fully Depreciated Assets				
			<b>TOTAL COST</b>	<u>\$</u>

\*PLEASE REFER TO OFFICE OF MANAGEMENT AND BUDGET GUIDANCE (PART 200) FOR A DEFINITION OF A FIXED ASSET

AGENCY NAME  
PROGRAM NAME  
PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_  
SCHEDULE OF QUESTIONED COSTS  
FOR THE YEAR ENDED \_\_\_\_\_

Detailed Explanation of Questioned Costs

**Questioned  
Costs**

Budget Line Category

\$

Please provide a detailed explanation of the questioned costs. Include such items as vendor name, why costs are being questioned and how the questioned costs were determined.

Budget Line Category

**TOTAL QUESTIONED COSTS**

\$ \_\_\_\_\_  
\_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**PROGRAM BUDGET IDENTIFICATION#:** \_\_\_\_\_

**SCHEDULE OF QUANTITATIVE PROGRAM RESULTS**

**FOR THE YEAR ENDED:** \_\_\_\_\_

**QUANTIFIABLE INDICATORS**

**Number of open cases at beginning of period**

**Number of new cases during audit period**

**Number of cases serviced during audit period**

**Cases terminated**

**Cases open as of current year**

**Cost per family**

AGENCY NAME  
**CHILD SUCCESS NEW YORK CITY (CSNYC) PREVENTIVE FUNDING**

STATEMENT OF REVENUES AND EXPENDITURES  
 FOR THE YEAR ENDED \_\_\_\_\_

**\*TO BE USED FOR PREVENTIVE PORTION OF CHILD SUCCESS NEW YORK CITY ONLY. \***  
**\*DO NOT INCLUDE CSNYC FOSTER CARE WAIVER PORTION\***

	<u>CAPS APPROVED BUDGET</u>	<u>CAPS ACTUAL AMOUNTS</u>	<u>CAPS VARIANCE</u>	<u>QUESTIONED COSTS</u>
<b>REVENUES:</b>				
ACS	\$	\$	\$	\$
<b>TOTAL REVENUES</b>				
<b>EXPENDITURES:</b>				
All Personnel Costs				
Salaries				
Fringe				
Consultants				
Other OTPS				
<b>TOTAL PS EXPENDITURES</b>				
<b>TOTAL POS and OTPS EXPENDITURES</b>				
<b>TOTAL PS AND OTPS EXPENDITURES</b>				
Administrative Overhead				
<b>TOTAL EXPENDITURES</b>				
(Less) Questioned Costs				
<b>TOTAL ALLOWABLE COSTS</b>				
<b>(Deficiency)/Excess of Revenue Over Expense</b>				