

AGENCY NAME \_\_\_\_\_  
 PROGRAM NAME \_\_\_\_\_  
 CONTRACT NUMBER \_\_\_\_\_  
 STATEMENT OF REVENUES  
 AND EXPENDITURES  
 FOR THE YEAR ENDED \_\_\_\_\_

	<u>ACCELERATOR FINAL APPROVED BUDGET *</u>	<u>ACCELERATOR ACTUAL AMOUNTS</u>	<u>VARIANCE</u>	<u>QUESTIONED COSTS</u>
<u>REVENUES:</u>				
ACS	\$	\$		\$
Fees Collected				
Other Income				
<b>TOTAL REVENUES</b>				
<u>EXPENDITURES</u>				
<u>PS EXPENDITURES</u>				
<b>TOTAL PS EXPENDITURES</b>				
<u>OTPS EXPENDITURES</u>				
<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>	\$	\$		\$

\* PLEASE USE FINAL APPROVED BUDGET RELATED TO PERFORMANCE BASED TARGETS FOR GP AND FTR



FY 17

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

Attachment 3

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

\* PLEASE USE FINAL APPROVED BUDGET RELATED TO PERFORMANCE BASED TARGETS FOR GP AND FTR

FY 17

AGENCY NAME \_\_\_\_\_  
PROGRAM NAME \_\_\_\_\_  
CONTRACT NUMBER \_\_\_\_\_  
SCHEDULE OF FIXED ASSETS INVENTORY  
AS OF \_\_\_\_\_

Attachment 4

<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>	\$ _____

FY 17

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

Attachment 5

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:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_

**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**

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>APPROVED BUDGET *</u>	<u>ACTUAL AMOUNTS</u>	<u>VARIANCE</u>	<u>QUESTIONED COSTS</u>
<b>REVENUES:</b>				
ACS	\$	\$	\$	\$
	_____	_____	_____	_____
	=====	=====	=====	=====
<b>TOTAL REVENUES</b>				
	_____	_____	_____	_____
	=====	=====	=====	=====
<b>EXPENDITURES:</b>				
All Personnel Costs				
Salaries				
Fringe				
	_____	_____	_____	_____
	=====	=====	=====	=====
<b>TOTAL PS EXPENDITURES</b>				
	_____	_____	_____	_____
	=====	=====	=====	=====
Consultants				
Other OTPS				
	_____	_____	_____	_____
	=====	=====	=====	=====
<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>				
	_____	_____	_____	_____
	=====	=====	=====	=====