

AGENCY NAME _____
 PROGRAM NAME _____
 PROGRAM BUDGET IDENTIFICATION # _____
 STATEMENT OF REVENUES AND EXPENDITURES
 FOR THE YEAR ENDED _____

	<u>CAPS APPROVED BUDGET</u>	<u>CAPS ACTUAL AMOUNTS</u>	<u>CAPS VARIANCE</u>	<u>QUESTIONED COSTS</u>
<u>REVENUES:</u>				
ACS	\$	\$	\$	\$
Fees Collected				
Other Income				
TOTAL REVENUES				
<u>EXPENDITURES</u>				
<u>PS EXPENDITURES</u>				
TOTAL PS EXPENDITURES				
<u>OTPS EXPENDITURES</u>				
TOTAL PS AND OTPS EXPENDITURES				
Administrative Overhead				
TOTAL EXPENDITURES				
(Less) Questioned Costs				
TOTAL ALLOWABLE COSTS				
(Deficiency)/Excess of Revenue Over Expense	\$	\$	\$	\$
Private Share	\$	\$	\$	\$
Program Contract No.				

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

Attachment #3

<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				
 TOTAL	 <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				
			TOTAL COST	<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 _____

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 \$ _____

**SCHEDULE OF QUANTITATIVE PROGRAM RESULTS
FOR THE YEAR ENDED _____**

AGENCY NAME _____

PROGRAM NAME _____

PROGRAM BUDGET IDENTIFICATION# _____

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>
REVENUES:				
ACS	\$	\$	\$	\$
	_____	_____	_____	_____
	=====	=====	=====	=====
TOTAL REVENUES				
EXPENDITURES:				
All Personnel Costs				
Salaries				
Fringe				
	_____	_____	_____	_____
	=====	=====	=====	=====
TOTAL PS EXPENDITURES				
Consultants				
Other OTPS				
	_____	_____	_____	_____
	=====	=====	=====	=====
TOTAL POS and OTPS EXPENDITURES				
	_____	_____	_____	_____
	=====	=====	=====	=====
TOTAL PS AND OTPS EXPENDITURES				
Administrative Overhead				
	_____	_____	_____	_____
	=====	=====	=====	=====
TOTAL EXPENDITURES				
(Less) Questioned Costs				
	_____	_____	_____	_____
	=====	=====	=====	=====
TOTAL ALLOWABLE COSTS				
	_____	_____	_____	_____
	=====	=====	=====	=====
(Deficiency)/Excess of Revenue Over Expense				
	_____	_____	_____	_____
	=====	=====	=====	=====

