



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Agency: \_\_\_\_\_  
 Program(s): \_\_\_\_\_  
 Agreement Period: \_\_\_\_\_ through \_\_\_\_\_  
 This Reporting Period: \_\_\_\_\_ through \_\_\_\_\_  
 Agreement Number: \_\_\_\_\_  
 CT Number: \_\_\_\_\_

## QUARTERLY REPORT OF REVENUE AND EXPENSES

AGREEMENT BUDGET	ACCRUAL YEAR TO DATE	EXPENSES AS % OF BUDGET
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### REVENUE SOURCES TO BE COST SHARED

#### AGREEMENT FEDERAL REVENUE

Federal DHHS Agreement Funds (Enter Amount from Budget Form 1, Line 5 and YTD Amount)	\$ -	\$ -	
Federal BLOCK GRANT Agreement Funds (Enter Amount from Budget Form 1, Line 6 and YTD Amc)	\$ -	\$ -	

#### AGREEMENT STATE REVENUE

State DHHS Agreement Funds - GF (Enter Amount from Budget Form 1, Line 9 and YTD Amount)	\$ -	\$ -	
State DHHS Agreement Funds - FHM (Enter Amount from Budget Form 1, Line 10 and YTD Amount)	\$ -	\$ -	
State DHHS Agreement Funds - OTHER (Enter Amount from Budget Form 1, Line 11 and YTD Amol)	\$ -	\$ -	

#### UNRESTRICTED COUNTY/MUNICIPAL REVENUE (Enter Amount from Budget Form 1 and YTD Amount)

List Sources Separately below:

	\$ -	\$ -	
	\$ -	\$ -	

#### PRIVATE CLIENT FEES (Enter Amount from Budget Form 1 and YTD Amount)

List Sources Separately below:

	\$ -	\$ -	
	\$ -	\$ -	

#### UNRESTRICTED REVENUE (Enter Amount from Budget Form 1 and YTD Amount)

Revenue not for specific use by Donor or funds committed to budget by Agency

List Sources Separately below:

	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	

<b>TOTAL COST SHARED REVENUE</b> <i>auto calculated</i>	<b>\$ -</b>	<b>\$ -</b>	
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### NON COST SHARED REVENUE SOURCES

<b>MAINECARE</b> (Enter Amount from Budget Form 1, Line 22 and YTD Amount)	\$ -	\$ -	
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<b>OTHER RESTRICTED FEDERAL/STATE</b> (Enter Amount from Budget Form 1, Line 23 and YTD Amount)	\$ -	\$ -	
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<b>THIRD PARTY IN-KIND</b> (Enter Amount from Budget Form 1, Line 24 and YTD Amount)	\$ -	\$ -	
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<b>PROGRAM FEES</b> (Enter Amount from Budget Form 1, Line 25 and YTD Amount)	\$ -	\$ -	
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#### OTHER NON COST SHARED REVENUE (Enter Amount from Budget Form 1 and YTD Amount)

List Revenues as shown on Budget Form 1:

	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	

<b>TOTAL NON COST SHARED REVENUE</b> <i>auto calculated</i>	<b>\$ -</b>	<b>\$ -</b>	
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<b>TOTAL REVENUE</b> <i>auto calculated</i>	<b>\$ -</b>	<b>\$ -</b>	
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### EXPENSE SUMMARY

<b>PERSONNEL EXPENSES</b> (Enter Amount from Budget Form 2, Line 7 and YTD Amount)	\$ -	\$ -	
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<b>EQUIPMENT PURCHASES</b> (Enter Amount from Budget Form 2, Line 8 and YTD Amount)	\$ -	\$ -	
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<b>SUBRECIPIENT AWARDS</b> (Enter Amount from Budget Form 2, Line 9 and YTD Amount)	\$ -	\$ -	
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#### ALL OTHER EXPENSES

Occupancy - Depreciation (Enter Amount from Budget Form 2, Line 11 and YTD Amount)	\$ -	\$ -	
Occupancy - Interest (Enter Amount from Budget Form 2, Line 12 and YTD Amount)	\$ -	\$ -	
Occupancy - Rent (Enter Amount from Budget Form 2, Line 13 and YTD Amount)	\$ -	\$ -	
Utilities/Heat (Enter Amount from Budget Form 2, Line 14 and YTD Amount)	\$ -	\$ -	
Telephone (Enter Amount from Budget Form 2, Line 15 and YTD Amount)	\$ -	\$ -	
Maintenance/Minor Repairs (Enter Amount from Budget Form 2, Line 16 and YTD Amount)	\$ -	\$ -	
Bonding/Insurance (Enter Amount from Budget Form 2, Line 17 and YTD Amount)	\$ -	\$ -	
Equipment Rental/Lease (Enter Amount from Budget Form 2, Line 18 and YTD Amount)	\$ -	\$ -	
Materials/Supplies (Enter Amount from Budget Form 2, Line 19 and YTD Amount)	\$ -	\$ -	
Depreciation (non-occupancy) (Enter Amount from Budget Form 2, Line 20 and YTD Amount)	\$ -	\$ -	
Food (Enter Amount from Budget Form 2, Line 21 and YTD Amount)	\$ -	\$ -	
Client-Related Travel (Enter Amount from Budget Form 2, Line 22 and YTD Amount)	\$ -	\$ -	
Other Travel (Enter Amount from Budget Form 2, Line 23 and YTD Amount)	\$ -	\$ -	
Consultants - Direct Service (Enter Amount from Budget Form 2, Line 24 and YTD Amount)	\$ -	\$ -	
Consultants - Other (Enter Amount from Budget Form 2, Line 25 and YTD Amount)	\$ -	\$ -	
Independent Public Accountants (Enter Amount from Budget Form 2, Line 26 and YTD Amount)	\$ -	\$ -	
Technology Services/Software (Enter Amount from Budget Form 2, Line 27 and YTD Amount)	\$ -	\$ -	
Third Party In-Kind (Enter Amount from Budget Form 2, Line 28 and YTD Amount)	\$ -	\$ -	
Service Provider Tax (Enter Amount from Budget Form 2, Line 29 and YTD Amount)	\$ -	\$ -	
Training/Education (Enter Amount from Budget Form 2, Line 30 and YTD Amount)	\$ -	\$ -	

Miscellaneous (Enter Amount from Budget Form 2, Line 31 and YTD Amount)		\$ -	\$ -	
Indirect Allocated - G&A (Enter Amount from Budget Form 2, Line 33 and YTD Amount)		\$ -	\$ -	
<b>TOTAL ALL OTHER EXPENSES</b>	<i>auto calculated</i>	\$ -	\$ -	
<b>TOTAL EXPENSES</b>	<i>auto calculated</i>	\$ -	\$ -	

**ADJUSTMENTS**

MaineCare Total (Enter Amount from Budget Form 1, Line 22 and YTD Amount)		\$ -	\$ -	
Other Restricted Federal/State (Enter Amount from Budget Form 1, Line 23 and YTD Amount)		\$ -	\$ -	
Third Party In-Kind Expenses (Enter Amount from Budget Form 1, Line 24 and YTD Amount)		\$ -	\$ -	
Program Fees (Enter Amount from Budget Form 1, Line 25 and YTD Amount)		\$ -	\$ -	
Subrecipient Awards (Enter Year to Date Amount Paid to Subrecipients)		\$ -	\$ -	
Other Non Cost Share Adjustments (Enter Amount from Budget Form 1 and YTD Amount)				
List Separately:				
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
<b>TOTAL ADJUSTMENTS</b>	<i>auto calculated</i>	\$ -	\$ -	

**CASH REIMBURSEMENT**

<b>TOTAL EXPENSES</b>	<i>auto calculated</i>	\$ -	\$ -	
<b>TOTAL ADJUSTMENTS</b>	<i>auto calculated</i>	\$ -	\$ -	
<b>NET REIMBURSABLE EXPENSES (TOTAL EARNED BY PROVIDER)</b>	<i>auto calculated</i>	\$ -	\$ -	
Negotiated % (Enter % from Rider F-1 Agreement Settlement Form)				
<b>CASH REIMBURSABLE AMOUNT = NEGOTIATED % X NET REIMBURSABLE EXPENSES</b>		\$ -		
Total Agreement Amount Received by Provider (Quarters 1 - 3 Entered by AA; Quarter 4 Entered by Provider)		\$ -		
Subrecipient Awards		\$ -		
Net Agreement Amount Retained by Provider		\$ -		
<b>AMOUNT DUE TO AGENCY/(AMOUNT DUE TO DHHS)</b>	<i>to be completed by DHHS</i>	\$ -		

Report completed by: \_\_\_\_\_ Date \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Date \_\_\_\_\_