

FINANCIAL STATUS REPORT - FSR FORM 269A

HOW TO USE THIS FSR WORKBOOK

**IT IS NOT NECESSARY TO ENABLE MACROS TO USE THIS WORKBOOK.
THIS WORKBOOK IS FULLY FUNCTIONAL WITHOUT MACROS.**

This FSR workbook has been designed, complete with formulas, to facilitate the periodic reporting requirements of the DSHS Program Attachments. When each FSR worksheet (i.e. FSR1, FSR2, etc.) has been completed, the form/data should remain intact within this workbook. When subsequent FSR worksheets are completed, the data from the previous reporting periods will automatically roll forward for inclusion into the subsequent reports. To make this FSR workbook as useful as possible, the following additional guidelines must be observed:

Use only one FSR workbook per DSHS Program Attachment.

Complete the FSR worksheets (FSR1, FSR2, etc.) in consecutive order. At a minimum, one FSR should be completed for each reporting period specified in the Program Attachment. Therefore, it may not be necessary to use all worksheets contained in this workbook. If desired, contractors may complete and maintain interim FSRs to facilitate financial reporting requirements. However, it will only be necessary to submit the FSRs that correspond to the reporting periods identified in the Program Attachment.

Information should only be entered into the white and yellow sections of the FSR worksheets.

The green sections of the FSR worksheets are protected and cannot be modified. Some information (i.e. agency name, address, etc.) entered into the white sections on FSR1 will automatically populate the corresponding fields on FSR2 - FSR12. Totals that appear in Columns 4 and 5 of any given FSR worksheet will automatically compute based on the data entered into Columns 2 and 3; and will also incorporate the necessary data from previous FSR worksheets contained in this workbook.

The yellow sections of the FSR worksheet pertain only to the Program Attachment number and corresponding budget and must be used with caution. Due to possible changes throughout the contract term, the contract budget and the three-digit Program Attachment number (or three-digit number plus one alphabetic character) will have to be entered each reporting period. If there were no changes from the previous reporting period, the yellow sections may be copied and pasted to subsequent periods. Care must be taken to ensure that the budget reflected on the FSR matches the approved budget contained in the fully executed Program Attachment. Subsequent changes to the budget amounts may only be done pursuant to an approved formal budget amendment.

Once an FSR for a particular reporting period has been completed, that FSR must be printed, signed and dated (the date may be inserted before the document is printed). The FSR shall then be forwarded to DSHS' Claims Processing Unit in accordance with the guidance on the "FSR Instructions" tab of this workbook; the Program Attachment Statement of Work; or other guidance as may be provided by DSHS.

If a contractor prefers to complete the FSR manually (without the benefit of the formulas included on FSR1 - FSR12), then the worksheet labeled "FSRBlank" must be used (see the last tab of this workbook). The contractor must ensure that all cumulative expenditures, budget balances, totals, etc. are correct and that calculations flow consistently between reporting periods.

For additional information call the Claims Processing Unit @ (512) 458-7435 and ask for the Grants Team.

Send Reports to: **Claims Processing Unit, Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347**

SAMPLE

INSTRUCTIONS - FINANCIAL STATUS REPORT - FSR FORM 269A

Contractor Name: Legal name of contractor as stated in the contract.
Payee Name, Address, City, St, Zip: Enter the Payee's name and complete mailing address. This information must coincide with the State Comptroller's Office and the Payee Vendor ID No. in the section below.
Payee 14 Digit Vendor ID No: Number assigned by the State of Texas Comptroller's Office <i>(which also incorporates your agency's 9-digit IRS Employer ID#)</i> .
PO Number: The purchase order number as stated in the contract.
Check If Final Report: Check this box if this is the final FSR for the contract term.
DSHS Program ID: DSHS program name as stated in the contract (found under Program Attachments)
DSHS Contract #: The contract number is represented by a 4-digit fiscal year followed by a 6-digit base contract number (i.e. 20XX-123456).
Attachment # (also known as the Program Attachment #): A 3-digit number (or 3-digit number plus one alphabetic character) that follows the base contract number (i.e. 20XX-123456- 001 or 20XX-123456- 001A). This number refers to the specific program to which the Scope of Work pertains.
Contract Term: Enter the beginning and ending date of the Program Attachment contract term as reflected in the contract.
Period Covered by this Report: Enter the beginning and ending dates of the reporting period covered by this report (month/day/year). Note: When submitting the FSR for the final reporting period of the contract term, ensure that all expenses have been recorded in the general ledger and reported on the final FSR. Typically, under the terms of the contract the contractor has up to 60 days to submit the final FSR.
Basis: Indicate the accounting basis used by your agency to account for the expenses relating to the Program Attachment by placing a check mark in the appropriate space.
Column 1: Standard Budget Categories
Column 2: Approved Budget: Approved budget amounts as reflected in the fully executed Program Attachment. The amounts may be changed only by an approved formal budget amendment.
Column 3: Current Period Project Costs: Contractor's total allowable expenditures incurred on the Program Attachment activities during the FSR reporting period. If the DSHS program is also being funded by other funding sources, the total allowable expenditures should include all expenditures incurred for the program including those funded by the other sources. NOTE: If the DSHS Program Attachment has a mandatory match requirement, the value of any third-party in-kind contributions must also be included.
Column 4: Cumulative Project Costs: Contractor's total cumulative allowable expenditures incurred on the Program Attachment activities from inception through the current FSR reporting period. If the DSHS program is also being funded by other funding sources, the total cumulative allowable expenditures should include all cumulative expenditures incurred for the program including those funded by the other sources. NOTE: If the DSHS Program Attachment
Column 5: Remaining Budget Balance: Subtract Cumulative Project Costs (Column 4) from the Approved Budget (Column 2). Note: The amount of program income and non-DSHS funding reported on the FSR should be applied to any negative balance(s) to determine the
LESS (Lines k, l, and m):
k. Program Income Collected:
Column 3: Enter the amount of DSHS's share of program income (PI) collected during the FSR reporting period. The sum of the program income deducted from the reimbursement vouchers for the reporting period should equal this amount.
Column 4: Enter the cumulative amount of DSHS' share of program income collected during the Program Attachment term. This amount should be equal to the total program income deducted from all reimbursement vouchers submitted under the Program Attachment since inception.
l. Non-DSHS Funding:
Column 3: If activities for this Program Attachment are partially funded by non-DSHS sources (i.e. from other Federal/state sources or with local funds) and all costs of the program activities are reflected in the report, enter the amount of non-DSHS funding applicable to the current FSR reporting period.
Column 4: If activities for this Program Attachment are partially funded by non-DSHS sources (i.e. from other Federal/state sources or with local funds) and all costs of the program activities are reflected in the report, enter the cumulative amount of non-DSHS funding applicable since the inception of Program Attachment term.
m. In-kind: This line should only be used if the DSHS Program Attachment has a mandatory match requirement.
Column 3: If there is a mandatory match requirement and the contractor has received third-party in-kind contributions, enter the amount of in-kind contributions received during the current FSR reporting period.
Column 4: If there is a mandatory match requirement and the contractor has received third-party in-kind contributions, enter the cumulative amount of in-kind contributions received since the inception of the Program Attachment term.
n. Advance:
Column 2 Advance Received: If a working capital advance was received for this Program Attachment, enter the amount here.
Column 3 Repaid This Period: If applicable, enter the amount of the working capital advance repaid to DSHS during the FSR reporting period, either through reduction of reimbursement requests or by refund.
Column 4 Cumulative Repayments: If applicable, enter the cumulative amount of the working capital advance repaid to DSHS since inception of the Program Attachment term, either through reduction of reimbursement requests or by refund.
Column 5 Advance Balance: If applicable, subtract Cumulative Repayments (Column 4) from Advance Received (Column 2) to determine the balance of the
o. Total Reimbursement Requested (net of advances):
Column 3: Enter the net amount of reimbursements requested during the FSR reporting period.
Column 4: Enter the cumulative net amount of reimbursements requested since the inception of the Program Attachment term.
p. Total Reimbursements Requested and Received: Enter the total of all reimbursements requested and/or received since the inception of the contract term.

For additional information call the Claims Processing Unit @ (512) 458-7435 and ask for the Grants Team.

Send Reports to: **Claims Processing Unit, Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

FINANCIAL STATUS REPORT

FSR Form 269A

P.O. Box 149347
Austin, Texas 78714-9347

This form can be downloaded at:
<http://www.dshs.state.tx.us/grants/forms.shtm>

Fiscal Division/Accounts Payable
Phone (512) 458-7435

Contractor Name:		DSHS Program ID:	
Payee Name:		DSHS Contract #	
		Attachment #	
Address:		Contract Term (Month / Day / Year)	
Address:		Begin Date	End Date
City, ST, Zip:			
Payee Vendor ID No.:		Period Covered by this Report	
PO Number:		Begin Date	End Date
Check If Final Report: <input type="checkbox"/>		Basis: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
1	2	3	4
BUDGET CATEGORIES	APPROVED BUDGET	CURRENT PERIOD PROJECT COSTS	CUMULATIVE PROJECT COSTS
5	REMAINING BUDGET BALANCE		
a. Personnel			\$ -
b. Fringe Benefits			0.00
c. Travel			0.00
d. Equipment			0.00
e. Supplies			0.00
f. Contractual			0.00
g. Other			0.00
h. Total Direct Charges	\$ -	\$ -	\$ -
i. Indirect Charges			-
j. Total Charges	\$ -	\$ -	\$ -
Less:	k. Program Income Collected	-	-
	l. Non-DSHS Funding	-	-
	m. In-kind (See Instructions)	-	-
DSHS SHARE >>		\$ -	\$ -
n. Advance:	ADVANCE RECEIVED	REPAID THIS PERIOD	CUMULATIVE REPAYMENTS
			\$ -
o. Total Reimbursement Requested (net of advances)		\$ -	\$ -
p. Total Reimbursement Requested and Received			
Prepared by:	Telephone #		Fax #
Title:			
CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
Signature of Authorized Certifying Official:		Telephone #	Fax #
Typed or Printed Name and Title of Certifying Official:		Date Submitted:	
		DSHS USE ONLY	
		FSR Receipt Date:	

SAMPLE