

**FFY 2012 REGIONAL NUTRITION NETWORK
EARS FISCAL DOCUMENTATION FORM
INSTRUCTIONS**

TOP SECTION

Fill in the Region, Contractor name, contract number, contract term and invoice period.

COLUMN 1 - BUDGET CATEGORIES

- A. Personnel Salaries: List all personnel individually in the spaces provided. Include expenses associated with each person/positions in accordance with the contract budget justification. Add additional rows as needed.
*Total Personnel Salaries - This line item calculates automatically.
- B. Fringe Benefits: Complete the fringe benefits line item in accordance with the contract budget justification. Provide the actual percentage rate for the invoice period in the space provided and calculate the actual amount of fringe benefits as a percentage of the Total Personnel Salaries line item.
- C. Operating Expenses: Include all expenses associated with the items identified in the contract budget justification. Provide only lump sum expenses. Do not include detail for each line item.
- D. Equipment Expenses: Include all equipment expenses in accordance with the contract budget justification. Attach a completed Contract Equipment Purchased with DHS Funds form and submit with invoice.
- E. Travel and Per Diem: Include travel expenses incurred in accordance with the Travel and Per Diem Reimbursement provision outlined in the contract.
- F. Subcontracts: Identify the individual subcontractors in the spaces provided. Include all costs associated with each subcontractor in accordance with the contract budget justification. Add additional rows as needed. NOTE: Copies of fully executed subcontract agreements must be on file with the *Network* before any expenses in this line item will be reimbursed.
- G. Other Costs: Identify the individual Other Costs categories in the spaces provided. Include all costs associated with the individual categories in accordance with the contract budget justification. Add additional rows as needed. NOTE: Copies of fully executed consultant agreements must be on file with the *Network* before any consultant agreement expenses will be reimbursed.
- H. Total Direct Costs: This is the sum of line items A-G and calculates automatically.
- I. Indirect Costs: Complete the indirect costs in accordance with the contract budget justification. Provide the actual indirect costs percentage rate and the Modified Total Direct Cost (MTDC) in the space provided. Calculate the indirect costs as a percentage of the MTDC.
- J. Total: This is the sum of line items H and I and calculates automatically.

COLUMN 2 - APPROVED BUDGET: This column reflects the approved line item amounts as they appear in the contract Budget for the Budget Year of the invoice period. These amounts cannot vary from the approved contract budgets without prior approval by the *Network*.

COLUMN 3 - ACTUAL EXPENSES THIS PERIOD: Use this column to record the actual expenses for each line item during the invoice period. For line items that do not have expenditures during the invoice period, signify with -0-. Attach an additional sheet if further explanation for any line item(s) is necessary.

COLUMN 4 - CUMULATIVE EXPENSES TO DATE: This column is the total of all expenses paid under the contract through the current invoice period for the Budget Year.

COLUMN 5 - UNEXPENDED BALANCE: The amount in this column is the difference between Column 2 (Approved Budget) and Column 4 (Cumulative Expenses to Date) and calculates automatically.

SIGNATURE SECTION: Original signature of authorized representative and the date must appear on this form. Use BLUE ink for original signature.