

Zoom Directions:

Please right click on your name to rename with the following formatting:

Name (First and Last)

Pronouns in parentheses

Organizational Title

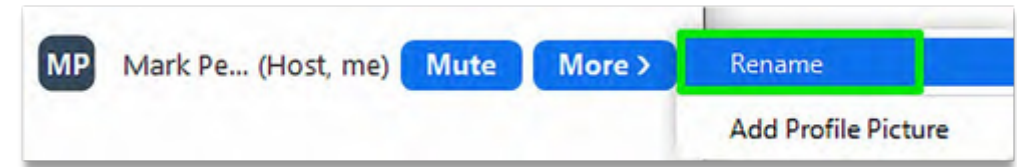
Example: Lexi Konja-(She/Her)-OHA



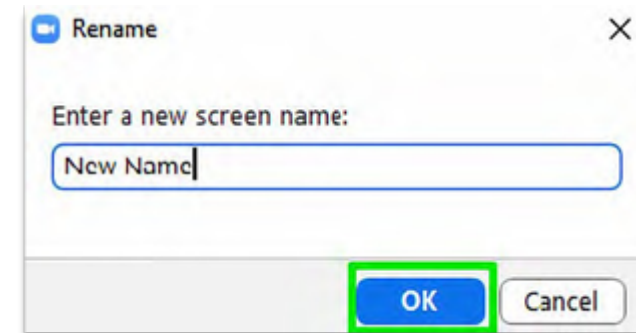
- 1 To change your name after entering a Zoom meeting, click on the “Participants” button at the top of the Zoom window.



- 2 Next, hover your mouse over your name in the “Participants” list on the right side of the Zoom window. Click on “Rename”.



- 3 Enter the name you’d like to appear in the Zoom meeting and click on “OK”.

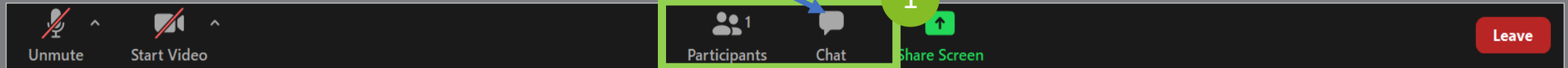


Welcome to Zoom Virtual Meeting



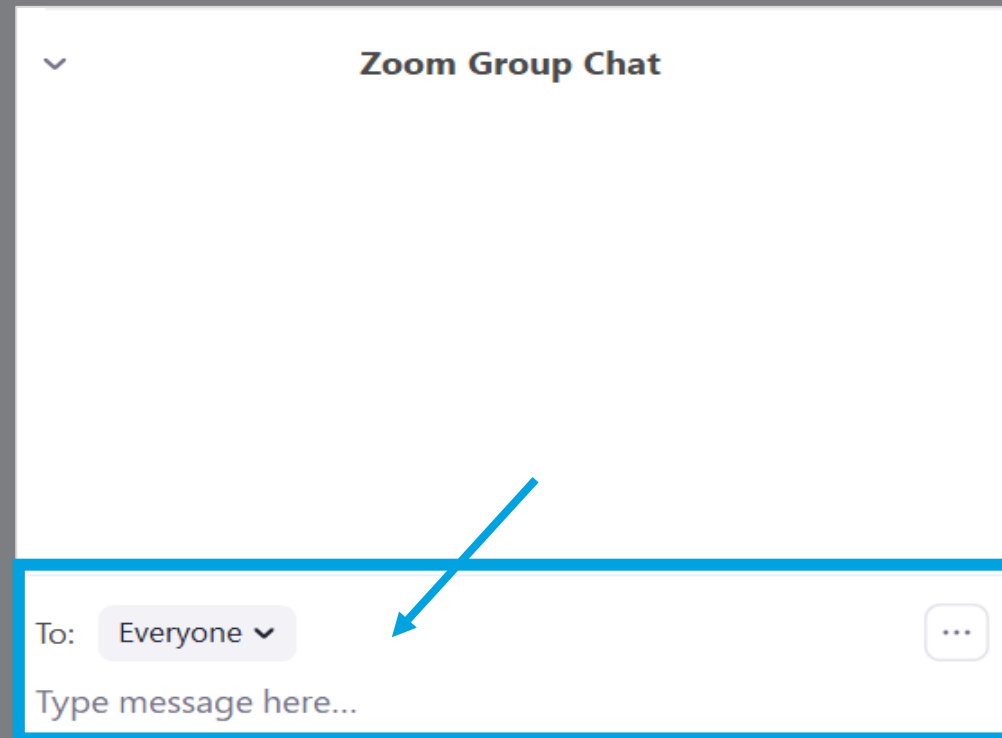
Using Zoom

- 1 Click to view all Participants and Chat window



- 2 Please place all questions in the chat!

- 3 Our team will attempt to answer all questions throughout the call. All unanswered questions will be fielded and addressed by OHA following the session.





**M110 Technical Assistance
Budget Report Template Overview
8/25/2022**

Agenda

- ❑ Fiscal Reporting Overview
- ❑ Budget Report Template Overview
 - ❑ Budget Report Template
 - ❑ Budget Report Template (no adjustment necessary)
 - ❑ Budget Report Template (inputs with percentages)
 - ❑ Budget Report Template (inputs with dollars)
- ❑ Expenditure Reporting Requirements
- ❑ Project Kick-Off Next Steps
- ❑ We Want to Hear from You!

How to Ask Questions

All lines are muted.

We will be answering questions throughout the meeting. Please place your questions in the chat, and our team will attempt to answer as many as time permits. Questions that go unanswered will be addressed by the M110 Team following the session.

Fiscal Template & Reporting Overview

Budget Report

What is the Budget Report Template?

It is a one-time use reporting tool that validates BHRN Partner's program budgets across the five key budget categories.

When will the Template be provided?

The templates will be sent out following this TA session.

When is the Report due?

October 14, 2022

Expenditure Report

What is the Expenditure Report Template?

It is the report that will be used by BHRN Partners to report quarterly expenditures of M110 funds. The template is organized by budget categories and services areas.

When will the Template be provided?

We anticipate the report will be available in November. The M110 team will hold an accompanying Technical Assistance session.

When is the Report due?

Initial Submission

January 2023

Reports will include all program expenditures from initial Grant Agreement execution through September 2022.

Recurring Submissions

Expenditure reports are due the last day of the current quarter for expenses incurred the previous quarter

Budget Report Template Overview

Purpose and background of the template and why we need this data

- While every BHRN Partner submitted a budget as part of their M110 grant application, not all budgets were revisited post-negotiations and OAC approval at the budget category level of detail.
- The Budget Report ensures all BHRN partners have budgeted their OAC-approved amount across the five budget categories.
- This data will allow us to compare spending versus budgeted amounts, track budget reallocations across categories, and provide BHRN partners regular and transparent updates of remaining funds for each category.
- The integrity and completeness of this data is critical for all fiscal reporting to come.

Budget

Expenditure Reporting Requirements

Categories included in the Expenditure Report Template

Section A: Budget Categories

1. Personnel Costs
2. Program Staff Training Costs
3. Services and Supplies Costs
4. Capital Outlay Costs
5. Administration Costs

All M110 spending must be reported, so begin tracking expenses upon contract execution!

First reports capturing initial program expenses are due **January 2023** with reoccurring reports submitted on a quarterly basis.

Section B: Service Areas

1. Screening and Comprehensive Behavioral Health Needs Assessment
2. Individual Intervention Planning
3. Low Barrier Substance Use Treatment
4. Peer Support Integration
5. Housing Services
6. Harm Reduction Intervention
7. Supported Employment

Reports will include narratives describing the spending by the same categories as above

*More details and instructions to come in the Expenditure Report Template TA session

Upcoming Technical Assistance: Data Reporting

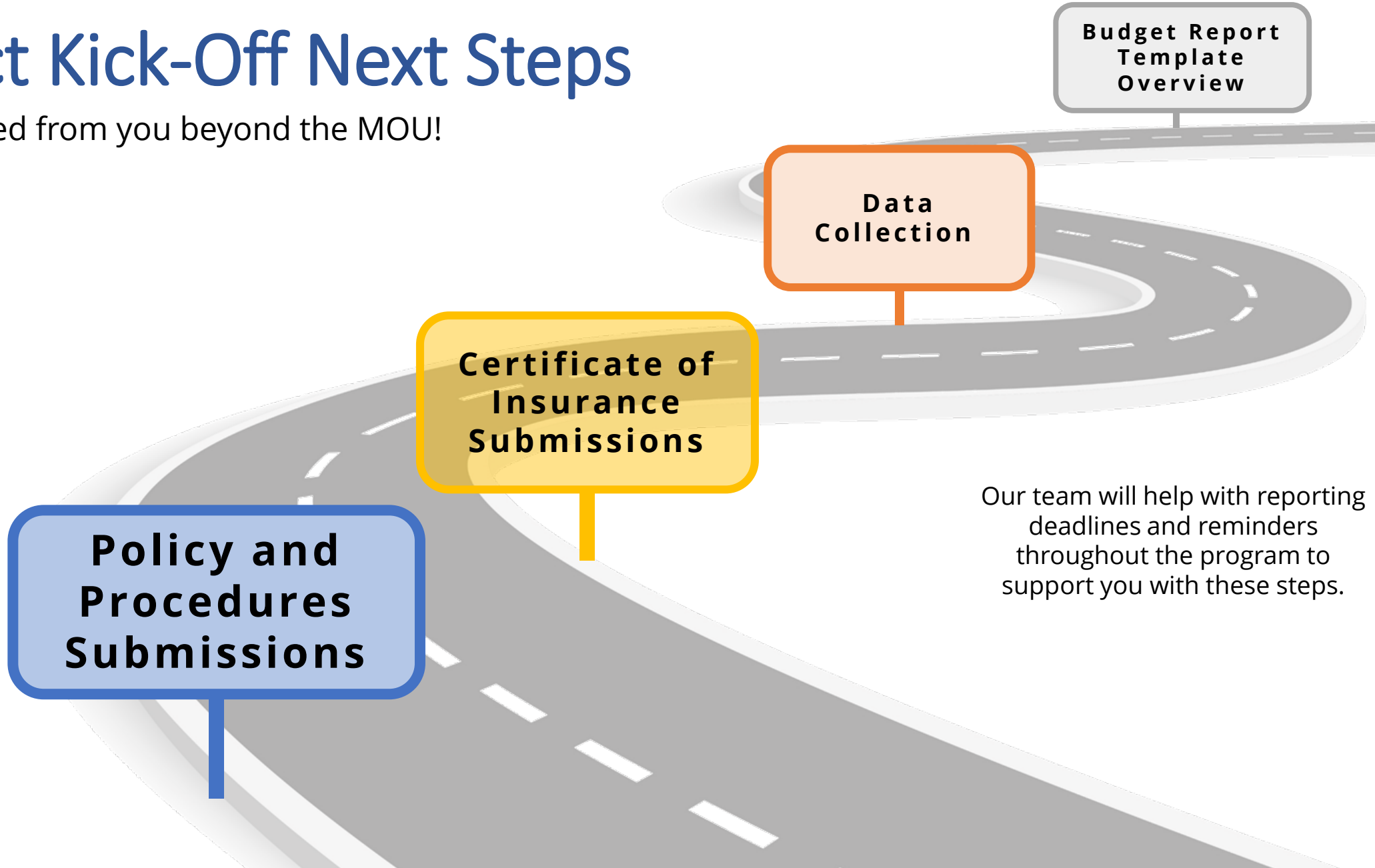
Mark your calendars for September 8th at 9 a.m. PDT!

What Will be Covered in the Data Reporting TA Session

- Review Data FAQ's
 - [M110 Frequently Asked Questions \(FAQ\)](#) document is now live on our program website ([Spanish translation](#)).
- Description of the Phased Data Workplan
 - What data will be reported when and how?
- Present Phase 1 required reporting content
 - What type of data will be required for our first submission?
- In the meantime, please email M110.Grants@odhsoha.oregon.gov with any questions.

Project Kick-Off Next Steps

What we need from you beyond the MOU!



Our team will help with reporting deadlines and reminders throughout the program to support you with these steps.

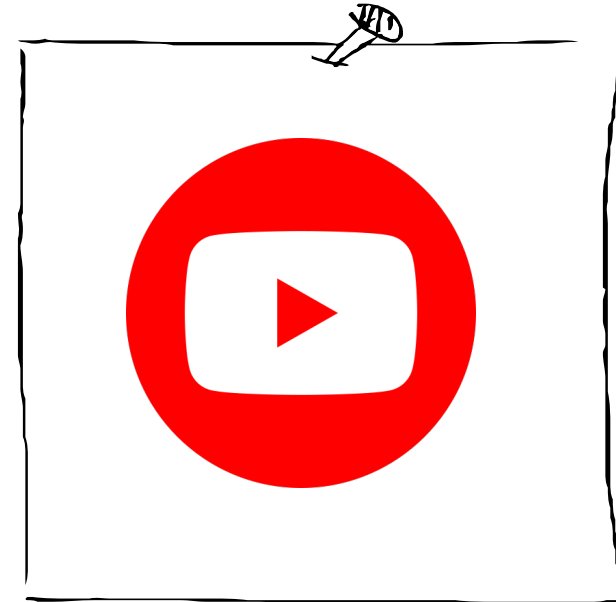
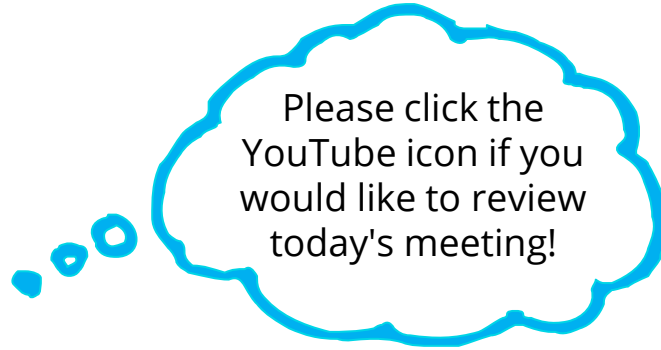
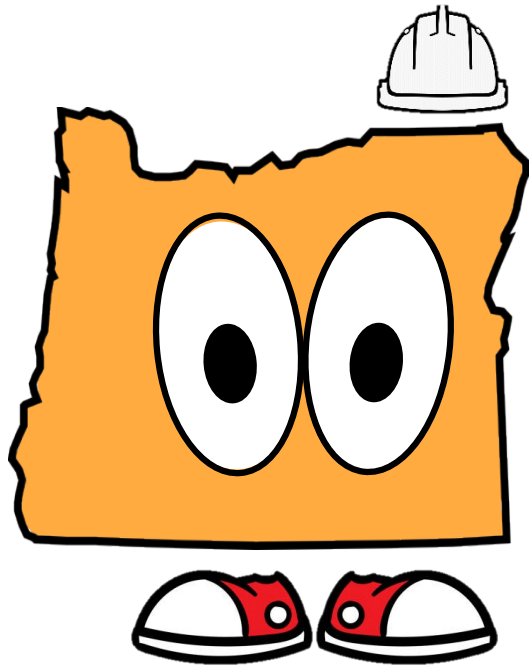
We Want to Hear from You!



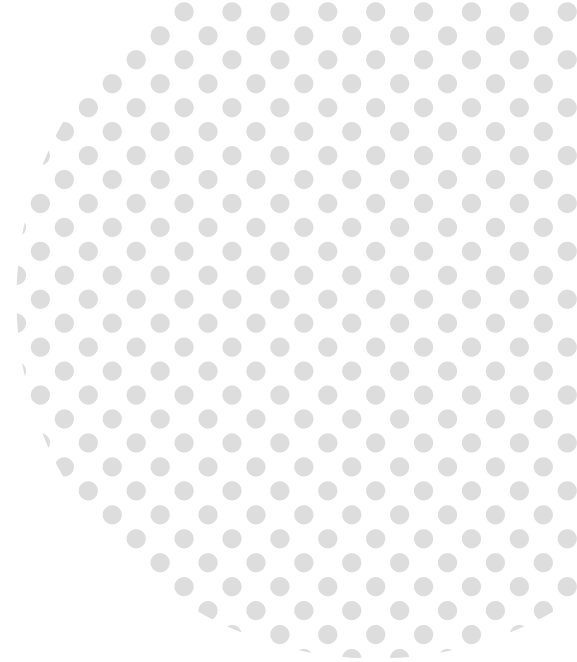
Our team would like to know what questions you have following our TA session. Drop your ideas in the chat or raise your hand!

Comments that went unanswered, will be addressed by OHA following the session. For questions concerning your specific grant agreement or individual inquiries, please reach the M110 team's shared inbox at: M110.Grants@odhsoha.oregon.gov

Want to review today's content again?



Comments that went unanswered, will be addressed by OHA following the session. For questions concerning your specific grant agreement or individual inquiries, please reach the M110 team's shared inbox at: M110.Grants@odhsoha.oregon.gov



Appendix #1

Budget Report Template

Correct Entry Example



Budget Report Template



OREGON HEALTH AUTHORITY
Health Services Division (HSD)
Behavioral Health Measure 110 - Budget Report Template

Legend
Blue cells - require input
Gray cells - auto populate

BHRN Name:

Organization Name:

Grant Agreement #:

Contract Not-to-Exceed Amount:

Step 1: Click "Enable Macros" and save the file as ""GrantNumber_BhmName_OrgName_Budget" For example the budget for Marion County Iron Tribe Network would be 176747_Marion_IronTribeNetwork_Budget"

Step 2: Using the dropdown menus, please select the BHRN (Cell D6) and Organization (Cell D7) you are completing this report on

Does Original Budget Require Revision?

Step 3: Once you have populated the information above, original budget allocations submitted to M110 will populate. Please confirm whether these allocations require revision in Cell D11. If the answer is "No", please review and certify the budget, if the answer is "Yes", please move to Step 4
Note: If you do not see an original budget allocation, please indicate "Yes" in Cell D11.

M110 ORIGINAL BUDGET BY BUDGET CATEGORY

A	Budget Category	Original Budget Allocation	Original Budget Amount (\$)
1.	Personnel Costs		
2.	Program Staff Training Costs		
3.	Services and Supplies Costs		
4.	Capital Outlay Costs		
5.	Admin Costs		
	TOTAL BUDGET	0.0%	\$0.00

Budget Revisions Using Dollar or Percentage Amount?

The following Steps are for Budgets requiring revision
Step 4: If your original budget does require revision, please use cell D25 to select whether you will be entering your revised budget using Percentages (%) or Dollar (\$) amounts, i.e. Personnel Costs 10% of Contract Not-to-Exceed or Dollar Amount of

M110 BUDGET BY BUDGET CATEGORY USING PERCENTAGE AMOUNT

A	Budget Category	Original Budget Allocation	Revised Budget Allocation (%)	Revised Budget Amount (\$)
1.	Personnel Costs			\$0.00
2.	Program Staff Training Costs			\$0.00
3.	Services and Supplies Costs			\$0.00
4.	Capital Outlay Costs			\$0.00
5.	Admin Costs			\$0.00
	TOTAL BUDGET	0.0%	0.0%	\$0.00

Step 5:

- If you selected "No" in Cell D11, your original allocations will populate
- If you selected "Yes" in Cell D11, please enter your revised budget allocations either in percentage or dollar amounts in the blue cells (Row E for percentage amounts, Row F for dollar amounts)

Note: If Budget Allocation does not equal 100% or the full Contract Not-to-Exceed amount, the Total Budget row will highlight red.



Budget Report Template

Applicable to BHRN Partners that do not need an adjustment to the budget contained in their original application



OREGON HEALTH AUTHORITY
 Health Services Division (HSD)
 Behavioral Health Measure 110 - Budget Report Template

Legend
Blue cells - require input
Gray cells - auto populate

BHRN Name:	Example
Organization Name:	Good Example
Grant Agreement #:	123456
Contract Not-to-Exceed Amount:	\$154,000.00

Step 1: Click "Enable Macros" and save the file as ""GrantNumber_BhmName_OrgName_Budget" For example the budget for Marion County Iron Tribe Network would be 176747_Marion_IronTribeNetwork_Budget"

Step 2: Using the dropdown menus, please select the BHRN (Cell D6) and Organization (Cell D7) you are completing this report on

Does Original Budget Require Revision? **No**

Step 3: Once you have populated the information above, original budget allocations submitted to M110 will populate. Please confirm whether these allocations require revision in Cell D11. If the answer is "No", please review and certify the budget, if the answer is "Yes", please move to Step 4
Note: If you do not see an original budget allocation, please indicate "Yes" in Cell D11.

M110 ORIGINAL BUDGET BY BUDGET CATEGORY			
A	Budget Category	Original Budget Allocation	Original Budget Amount (\$)
1.	Personnel Costs	64.9%	\$100,000.00
2.	Program Staff Training Costs	3.2%	\$5,000.00
3.	Services and Supplies Costs	16.2%	\$25,000.00
4.	Capital Outlay Costs	6.5%	\$10,000.00
5.	Admin Costs	9.1%	\$14,000.00
	TOTAL BUDGET	100.0%	\$154,000.00



Budget Report Template

Allows BHRN Partners to provide budget inputs via percentages



OREGON HEALTH AUTHORITY
Health Services Division (HSD)
Behavioral Health Measure 110 - Budget Report Template

Legend
Blue cells - require input
Gray cells - auto populate

BHRN Name:	Example
Organization Name:	Good Example
Grant Agreement #:	123456
Contract Not-to-Exceed Amount:	\$154,000.00

Step 1: Click "Enable Macros" and save the file as ""GrantNumber_BhrnName_OrgName_Budget" For example the budget for Marion County Iron Tribe Network would be 176747_Marion_IronTribeNetwork_Budget"

Step 2: Using the dropdown menus, please select the BHRN (Cell D6) and Organization (Cell D7) you are completing this report on behalf of.

Step 3: Once you have populated the information above, original budget allocations submitted to M110 will populate. Please confirm whether these allocations require revision in Cell D11. If the answer is "No", please review and certify the budget, if the answer is "Yes", please move to Step 4
Note: If you do not see an original budget allocation, please indicate "Yes" in Cell D11.

Does Original Budget Require Revision?	Yes
---	-----

M110 ORIGINAL BUDGET BY BUDGET CATEGORY

A	Budget Category	Original Budget Allocation	Original Budget Amount (\$)
1.	Personnel Costs	64.9%	\$100,000.00
2.	Program Staff Training Costs	3.2%	\$5,000.00
3.	Services and Supplies Costs	16.2%	\$25,000.00
4.	Capital Outlay Costs	6.5%	\$10,000.00
5.	Admin Costs	9.1%	\$14,000.00
	TOTAL BUDGET	100.0%	\$154,000.00

Budget Revisions Using Dollar or Percentage Amount?	Percentage Amount
--	-------------------

The following Steps are for Budgets requiring revision

Step 4: If your original budget does require revision, please use cell D25 to select whether you will be entering your revised budget using Percentages (%) or Dollar (\$) amounts, i.e. Personnel Costs 10% of Contract Not-to-Exceed or Dollar Amount of \$25,000.

M110 BUDGET BY BUDGET CATEGORY USING PERCENTAGE AMOUNT

A	Budget Category	Original Budget Allocation	Revised Budget Allocation (%)	Revised Budget Amount (\$)
1.	Personnel Costs	64.9%	62.0%	\$95,480.00
2.	Program Staff Training Costs	3.2%	4.8%	\$7,392.00
3.	Services and Supplies Costs	16.2%	15.0%	\$23,100.00
4.	Capital Outlay Costs	6.5%	7.0%	\$10,780.00
5.	Admin Costs	9.1%	11.2%	\$17,248.00
	TOTAL BUDGET	100.0%	100.0%	\$154,000.00

Step 5:

- If you selected "No" in Cell D11, your original allocations will populate
- If you selected "Yes" in Cell D11, please enter your revised budget allocations either in percentage or dollar amounts in the blue cells (Row E for percentage amounts, Row F for dollar amounts)

Note: If Budget Allocation does not equal 100% or the full Contract Not-to-Exceed amount, the Total Budget row will highlight red.

Percentages sum to 100 and no red highlighting



Budget Report Template

Allows BHRN Partners to provide budget inputs via dollar amounts



OREGON HEALTH AUTHORITY
Health Services Division (HSD)
Behavioral Health Measure 110 - Budget Report Template

Legend
Blue cells - require input
Gray cells - auto populate

BHRN Name: Example
Organization Name: Good Example
Grant Agreement #: 123456
Contract Not-to-Exceed Amount: \$154,000.00

Step 1: Click "Enable Macros" and save the file as ""GrantNumber_BhrnName_OrgName_Budget" For example the budget for Marion County Iron Tribe Network would be 176747_Marion_IronTribeNetwork_Budget"

Step 2: Using the dropdown menus, please select the BHRN (Cell D6) and Organization (Cell D7) you are completing this report on behalf of.

Step 3: Once you have populated the information above, original budget allocations submitted to M110 will populate. Please confirm whether these allocations require revision in Cell D11. If the answer is "No", please review and certify the budget, if the answer is "Yes", please move to Step 4
Note: If you do not see an original budget allocation, please indicate "Yes" in Cell D11.

Does Original Budget Require Revision? Yes

M110 ORIGINAL BUDGET BY BUDGET CATEGORY			
A	Budget Category	Original Budget Allocation	Original Budget Amount (\$)
1.	Personnel Costs	64.9%	\$100,000.00
2.	Program Staff Training Costs	3.2%	\$5,000.00
3.	Services and Supplies Costs	16.2%	\$25,000.00
4.	Capital Outlay Costs	6.5%	\$10,000.00
5.	Admin Costs	9.1%	\$14,000.00
TOTAL BUDGET		100.0%	\$154,000.00

Budget Revisions Using Dollar or Percentage Amount? Dollar Amount

The following Steps are for Budgets requiring revision
Step 4: If your original budget does require revision, please use cell D25 to select whether you will be entering your revised budget using Percentages (%) or Dollar (\$) amounts, i.e. Personnel Costs 10% of Contract Not-to-Exceed or Dollar Amount of \$25,000.

M110 BUDGET BY BUDGET CATEGORY USING DOLLAR AMOUNT				
A	Budget Category	Original Budget Allocation	Revised Budget Allocation (%)	Revised Budget Amount (\$)
1.	Personnel Costs	64.9%	63.0%	\$97,000.00
2.	Program Staff Training Costs	3.2%	3.6%	\$5,500.00
3.	Services and Supplies Costs	16.2%	13.0%	\$20,000.00
4.	Capital Outlay Costs	6.5%	7.8%	\$12,000.00
5.	Admin Costs	9.1%	12.7%	\$19,500.00
TOTAL BUDGET		100.0%	100.0%	\$154,000.00

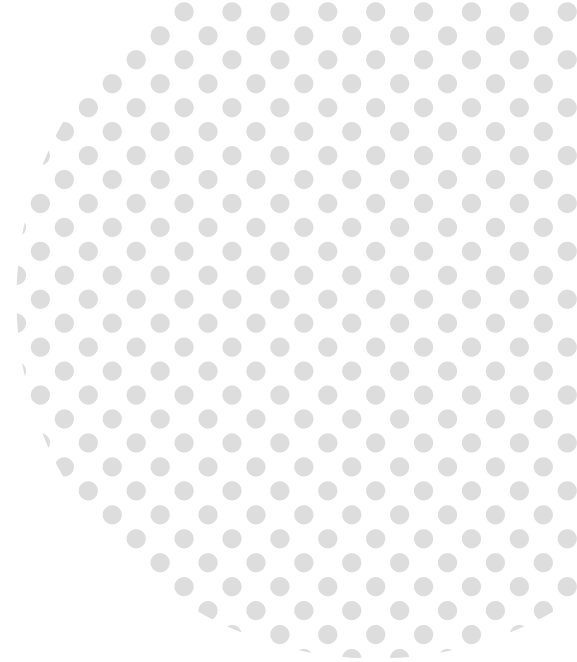
Step 5:

- If you selected "No" in Cell D11, your original allocations will populate
- If you selected "Yes" in Cell D11, please enter your revised budget allocations either in percentage or dollar amounts in the blue cells (Row E for percentage amounts, Row F for dollar amounts)

Note: If Budget Allocation does not equal 100% or the full Contract Not-to-Exceed amount, the Total Budget row will highlight red.

Total revised budget equals total original budget and no red highlighting





Appendix #2

Budget Report Template

Incorrect Entry Example



Budget Report Template

Allows BHRN Partners to provide budget inputs via percentages



OREGON HEALTH AUTHORITY
Health Services Division (HSD)
Behavioral Health Measure 110 - Budget Report Template

Legend
Blue cells - require input
Gray cells - auto populate

BHRN Name:	Example
Organization Name:	Bad Example
Grant Agreement #:	123457
Contract Not-to-Exceed Amount:	\$79,500.00

Step 1: Click "Enable Macros" and save the file as ""GrantNumber_BhrnName_OrgName_Budget" For example the budget for Marion County Iron Tribe Network would be 176747_Marion_IronTribeNetwork_Budget"

Step 2: Using the dropdown menus, please select the BHRN (Cell D6) and Organization (Cell D7) you are completing this report on behalf of.

Does Original Budget Require Revision?	Yes
--	-----

Step 3: Once you have populated the information above, original budget allocations submitted to M110 will populate. Please confirm whether these allocations require revision in Cell D11. If the answer is "No", please review and certify the budget, if the answer is "Yes", please move to Step 4
Note: If you do not see an original budget allocation, please indicate "Yes" in Cell D11.

M110 ORIGINAL BUDGET BY BUDGET CATEGORY

A	Budget Category	Original Budget Allocation	Original Budget Amount (\$)
1.	Personnel Costs	62.9%	\$50,000.00
2.	Program Staff Training Costs	3.1%	\$2,500.00
3.	Services and Supplies Costs	18.9%	\$15,000.00
4.	Capital Outlay Costs	6.3%	\$5,000.00
5.	Admin Costs	8.8%	\$7,000.00
	TOTAL BUDGET	100.0%	\$79,500.00

Budget Revisions Using Dollar or Percentage Amount?	Percentage Amount
---	-------------------

The following Steps are for Budgets requiring revision

Step 4: If your original budget does require revision, please use cell D25 to select whether you will be entering your revised budget using Percentages (%) or Dollar (\$) amounts, i.e. Personnel Costs 10% of Contract Not-to-Exceed or Dollar Amount of \$25,000.

M110 BUDGET BY BUDGET CATEGORY USING PERCENTAGE AMOUNT

A	Budget Category	Original Budget Allocation	Revised Budget Allocation (%)	Revised Budget Amount (\$)
1.	Personnel Costs	62.9%	54.0%	\$42,930.00
2.	Program Staff Training Costs	3.1%	7.0%	\$5,565.00
3.	Services and Supplies Costs	18.9%	14.0%	\$11,130.00
4.	Capital Outlay Costs	6.3%	9.5%	\$7,552.50
5.	Admin Costs	8.8%	12.5%	\$10,732.50
	TOTAL BUDGET	100.0%	98.0%	\$77,910.00

Step 5:

- If you selected "No" in Cell D11, your original allocations will populate
- If you selected "Yes" in Cell D11, please enter your revised budget allocations either in percentage or dollar amounts in the blue cells (Row E for percentage amounts, Row F for dollar amounts)

Note: If Budget Allocation does not equal 100% or the full Contract Not-to-Exceed amount, the Total Budget row will highlight red.

Percentages do not sum to 100 and red highlighting appears



Budget Report Template

Allows BHRN Partners to provide budget inputs via dollar amounts



OREGON HEALTH AUTHORITY
Health Services Division (HSD)
Behavioral Health Measure 110 - Budget Report Template

Legend
Blue cells - require input
Gray cells - auto populate

BHRN Name:	Example
Organization Name:	Bad Example
Grant Agreement #:	123457
Contract Not-to-Exceed Amount:	\$79,500.00

Step 1: Click "Enable Macros" and save the file as ""GrantNumber_BhrnName_OrgName_Budget" For example the budget for Marion County Iron Tribe Network would be 176747_Marion_IronTribeNetwork_Budget"

Step 2: Using the dropdown menus, please select the BHRN (Cell D6) and Organization (Cell D7) you are completing this report on behalf of.

Step 3: Once you have populated the information above, original budget allocations submitted to M110 will populate. Please confirm whether these allocations require revision in Cell D11. If the answer is "No", please review and certify the budget, if the answer is "Yes", please move to Step 4
Note: If you do not see an original budget allocation, please indicate "Yes" in Cell D11.

Does Original Budget Require Revision? Yes

M110 ORIGINAL BUDGET BY BUDGET CATEGORY			
A	Budget Category	Original Budget Allocation	Original Budget Amount (\$)
1.	Personnel Costs	62.9%	\$50,000.00
2.	Program Staff Training Costs	3.1%	\$2,500.00
3.	Services and Supplies Costs	18.9%	\$15,000.00
4.	Capital Outlay Costs	6.3%	\$5,000.00
5.	Admin Costs	8.8%	\$7,000.00
TOTAL BUDGET		100.0%	\$79,500.00

Budget Revisions Using Dollar or Percentage Amount? Dollar Amount

The following Steps are for Budgets requiring revision
Step 4: If your original budget does require revision, please use cell D25 to select whether you will be entering your revised budget using Percentages (%) or Dollar (\$) amounts, i.e. Personnel Costs 10% of Contract Not-to-Exceed or Dollar Amount of \$25,000.

M110 BUDGET BY BUDGET CATEGORY USING DOLLAR AMOUNT				
A	Budget Category	Original Budget Allocation	Revised Budget Allocation (%)	Revised Budget Amount (\$)
1.	Personnel Costs	62.9%	65.4%	\$52,000.00
2.	Program Staff Training Costs	3.1%	4.4%	\$3,500.00
3.	Services and Supplies Costs	18.9%	22.3%	\$17,750.00
4.	Capital Outlay Costs	6.3%	0.6%	\$480.00
5.	Admin Costs	8.8%	7.8%	\$6,200.00
TOTAL BUDGET		100.0%	100.5%	\$79,930.00

Step 5:

- If you selected "No" in Cell D11, your original allocations will populate
- If you selected "Yes" in Cell D11, please enter your revised budget allocations either in percentage or dollar amounts in the blue cells (Row E for percentage amounts, Row F for dollar amounts)

Note: If Budget Allocation does not equal 100% or the full Contract Not-to-Exceed amount, the Total Budget row will highlight red.

Total revised budget does not equal total original budget and red highlighting appears

