

Oregon Health Authority

Public Health Division Expenditure and Revenue Report Webinar

April 2021



April 2021 Webinar Agenda

1. Introduction of Public Health Director's Office Staff
2. Explanation of Roles between PHD Director's Office vs. PHD Programs relating to Public Health IGAs
3. Contract Award Process
4. What to Expect for the Next Biennium
5. How to Read an FAA Page
6. Payment and Reconciliation Process
7. Revenue and Expense Report Submissions

Introduction of Office of the State Public Health Director Fiscal/Contracts Staff

- Karina Felix – PH IGA Contracts Coordinator
- Erin Hardman – PH IGA Payments Analyst
- Derrick Clark – PHD Program Support Manager

Explanation of Roles between PHD Director's Office vs. PHD Programs relating to PH IGA's

Office of the State Public Health Director (OSPHD)

- Responsible for managing contract process (PE language updates, DOJ review), payment consistency and timeliness, collecting R/E reports and verifying mandatory elements are filled out.
- Questions relating to the contract, payments or R/E reports should go to: OHA-PHD.ExpendRevReport@dhsoha.state.or.us. PHD will involve and communicate with PHD programs as needed.

PHD Programs

- Programs are subject matter experts. They have the responsibility for deliverables, budget and final acceptance of R/E Reports. Programs initiate all award activity and create the payments for each program element.
- Questions related to PE milestones, deliverables, budget guidance, etc.

Contract Award Process

- PHD Programs work with Agencies to determine participation and budgets for the FY
- PHD Programs initiate agreement or amendment request to OSPHD by the 1st of each month and starts the review/approval process
- OSPHD submits requests to OHA/DHS Office of Contracts and Procurement (OCP) by the 12th of each month
- PE Language changes may have to go to DOJ for review
- OCP issues agreements and amendments to Agencies within 30 days after receiving requests from OSPHD
- Agencies review and sign agreement and return to OCP
- OCP reviews and sends agreement to OSPHD for counter signature. Execution occurs at the time of OSPHD signature.
- OSPHD returns signed agreement/amendment to OCP for execution, amended award is now available for PHD Programs to make payments to Agencies
- OCP distributes copy of executed agreement/amendment to Agencies

What to Expect for the Next Biennium

- PHD Program Enter Awards into the database by April 15
- PHD Final Approves and creates the request forms for State Contracts team by April 30
- State Contracts team prepares the new agreement for FY22 and distributes by mid-May.
- All LPHAs receive a new contract number for the biennium.
- LPHAs review and sign agreements and return to State Contracts Team by June 30, 2021
- Payments for FY22 are issued during July 2021 following our regular schedule.

- There will not be any amendments for FY21 after June 30, 2021. Your final FAA page is the June amendment.
- You will continue to receive remittance documents for payments for both FY21 and FY22
- We do not 'carry forward/rollover' unspent funds from FY21. For those PEs that allow unspent funds to be used into the future – funds will be treated as a new award for FY22.
- Final reconciliation of all LPHAs will occur with a settlement letter in Sept/Oct 2021 to close out FY21

How to Read an FAA Page

- The IGA may have timeframe and funding restrictions for each PE or PE sub-element. Information can be found within:
 - PE Language
 - PE Title
 - FFA Pages including the footnotes or comments sections
- Examples include:
 - PE01 – started as 3-month award; amended to 12-month award;
 - PE40-01 WIC NSA July-September (funds are only available for 3 months) and may not be combined with PE40-02 WIC NSA October-June
 - Some awards have funds that must be spent by xx/xx/2022 or other timing restrictions

Grantee Information



State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: xxx County Street: xxx City: xxx State: OR Zip: xxx	2) Issue Date Monday, March 1, 2021	This Action Amendment
	3) Award Period From July 1, 2020 through June 30, 2021	

Date of Award Change



New Award or amendment



FY Date

FY Award Period Date



PE Award Information



4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$20,904.22	\$0.00	\$20,904.22
PE01-04	COVID19 Response	\$0.00	\$0.00	\$0.00
PE01-05	COVID-19 Local Active Monitoring	\$170,048.92	\$0.00	\$170,048.92
PE01-07	ELC ED Contact Tracing	\$143,764.00	\$0.00	\$143,764.00
PE01-09	COVID-19 Active Monitoring - ELC	\$0.00	\$412,667.00	\$412,667.00
PE01-10	OIP - CARES	\$0.00	\$109,768.00	\$109,768.00
PE12	Public Health Emergency Preparedness and Response (PHEP)	\$71,476.00	\$0.00	\$71,476.00
PE12-02	COVID-19 Response	\$25,667.33	\$0.00	\$25,667.33
PE13-01	Tobacco Prevention and Education Program (TPEP)	\$86,023.33	\$0.00	\$86,023.33
PE40-01	WIC NSA: July - September	\$20,048.00	\$0.00	\$20,048.00
PE40-02	WIC NSA: October - June	\$65,144.00	\$0.00	\$65,144.00
PE40-05	Farmer's Market	\$904.00	\$0.00	\$904.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$1,422.00	\$0.00	\$1,422.00
PE42-04	MCAH Babies First! General Funds	\$4,589.00	\$0.00	\$4,589.00

You may receive a zero-dollar award and that means there is footnote or comment change or PE Language change

State of Oregon Oregon Health Authority Public Health Division				
1) Grantee Name: xxx		2) Issue Date Monday, March 1, 2021	This Action Amendment	
		FY 2021		
		3) Award Period From July 1, 2020 through June 30, 2021		
4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE42-06	MCAH General Funds & Title XIX	\$2,666.00	\$0.00	\$2,666.00
PE42-11	MCAH Title V	\$13,957.00	\$0.00	\$13,957.00
PE42-12	MCAH Oregon Mothers Care Title V	\$3,171.00	\$0.00	\$3,171.00
PE43-01	Public Health Practice (PHP) - Immunization Services	\$8,522.00	\$0.00	\$8,522.00
PE43-06	CARES Flu	\$15,567.00	\$0.00	\$15,567.00
PE44-01	SBHC Base	\$60,000.00	\$0.00	\$60,000.00
PE44-02	SBHC - Mental Health Expansion	\$67,500.00	\$0.00	\$67,500.00
PE46-05	RH Community Participation & Assurance of Access	\$10,978.00	\$0.00	\$10,978.00
PE51-01	LPHA Leadership, Governance and Program Implementation	\$37,378.31	\$0.00	\$37,378.31
		\$829,730.11	\$522,435.00	\$1,352,165.11

Total Award Amount and Change




Footnotes by PE and by date



5) Foot Notes:	
PE01-01	1/1/2021: Please note PE language has been updated effective 12/31/2020.
PE01-04	9/2020: SFY21 Funding for 7/1/2020-12/30/2020 is CARES Act funding. Funds must be spent by 12/30/20. Indirect charges are not permitted.
PE01-04	3/2021: SFY21 Funding for 7/1/2020-6/30/2021 is CARES Act funding. Funds must be spent by 6/30/2021. Indirect charges are not permitted.

State of Oregon Oregon Health Authority Public Health Division				
1) Grantee Name:		2) Issue Date Monday, March 1, 2021		This Action Amendment
State: OR Zip:		3) Award Period From July 1, 2020 through June 30, 2021		
4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE42-12	Initial SFY21: Due to COVID-19 pandemic, additional one-time funding was allocated to OMC sites in FY21 to support outreach and service provision efforts.			
PE43-06	Allowable expenses for FY21 include the period of 6/6/2020 – 6/30/2021. All expenses for the entire period should be reported on the FY21 Revenue and Expenditure reports.			
6) Comments:				
PE01-01	8/2020: Adding revised PE01 language to all grantees, changes are to align PE language with the current SFY21 template, no changes to award amount. 9/2020: Adding revised PE language clarifying Memorandum of Understanding requirements. 10/2020: Rollover 657.22 unspent from FY20 to FY21.			
PE01-05	9/2020a. Case Investigation FFS 3/27-8/31/20 \$84,402.92; 10/2020: Rollover \$85,646 from FY20			
PE01-07	1/2020: ELC Funding is for Dec 31, 2020 through June 30, 2021.			
PE01-09	SFY21: COVID Award			
PE12	08/2020: Amending to revise PE12 language			
PE12-02	03/10/2021: Funding extended through SFY21 - any unspent funds will be awarded under SFY22. 10/2020: Rollover of FY20 unspent funds - must be spent by 03/15/2021			
PE13-01	10/2020: Rollover of unspent award from SFY20			
PE40-01	Initial SFY21: Spend \$4,010 on Nutrition Ed; \$756 on BF Promotion			
PE40-02	Initial SFY21: Spend \$12,029 on Nutrition Ed; \$2,269 on Breastfeeding Ed 11/2020: Spend \$13,029 on Nutrition Ed; \$2,269 on Breastfeeding Ed; Previous comment void and replaced by this one			
PE40-05	Initial SFY21: 50% to be paid on 7/1/2020; 50% to be paid on 10/1/2020			
PE51-01	10/2020: Rollover of unspent funds from FY20 to FY21			
7) Capital outlay Requested in this action:				

Comments by PE and by date 

Capital Outlay required to be included but generally blank 

Monthly Payment Process

- Monthly payments are made against executed agreements only
- Monthly payments are made based on the statement of work, timeframe of a PE or PE sub-element, comments, or footnotes sections of the IGA.
- If the award is a 12-month award – payments are made as 1/12th. If the award is a 3-month award – payments are made at 1/3rd during the specified time period.
- IGA must be received by OSPHD from DHS/OHA Office of Contracts and Procurement (OCP) by the 1st of the month to be included in the monthly payment
- PHD Programs initiate payment request to OSPHD by the 7th of each month and OSPHD starts the review/approval process
- OSPHD submits payment files to OHA/DHS Office of Financial Services (OFS) by the 20th of each month
- OFS processes payments to LPHA within 5 business days.
- OSPHD generates and emails remittance documents to Agency
- Agency receives funds by the last day of the month.

Monthly Payments with Reconciliation Adjustments

- Quarterly R/E Reports are due by Oct. 30; Jan. 30, April 30 and Aug. 20
- Reconciliation adjustments will be processed by PHD Programs no later than 60 days after the due date and follow a similar timeline as the Monthly Payments.
- Reconciliation adjustments are made based on the R/E report and the maximum contract allowed payment for that time period.
- We are reconciling cash payments made and are not changing the award. Award changes can only occur with an amendment.
- If the award is \$12,000 for the 12-month period – the maximum allowed for Q1 is \$3,000. The Agency reports \$2,000 in expenses, a reconciling reduction of \$1,000 occurs.
- In Q2, the maximum allowed for Q1 and Q2 is \$6,000. The LPHA reports \$7,000 in expenses, a reconciling addition of \$1,000 occurs to bring total payments back to \$6,000.
- When monthly payments and reconciling adjustments result in a net negative payment, Agency will not receive a payment. In a future month, when all transactions are net positive, funds will be released to the Agency and OSPHD will generate and email remittance files to Agency.

R/E Report Submissions

WHO MUST COMPLETE THE FORM 23-152:	All agencies receiving funds awarded through Oregon Health Authority Intergovernmental Agreement for Financing Public Health Services must complete this report for each grant-funded program. Agencies are responsible for assuring that each report is completed accurately, signed and submitted in a timely manner.
WHERE TO SUBMIT REPORT:	OHA-PHD.ExpendRevReport@dhsoha.state.or.us
WHEN TO SUBMIT:	Reports for grants are due 30 days following the end of the 3-, 6-, and 9-month periods (10/30, 1/30, 4/30) and 51 days after the 12-month period (8/20) in each fiscal year. Any expenditure reports due and not received by the specified deadline could delay payments until reports have been received from the payee for the reporting period.
REPORT REVISIONS:	OHA will accept <i>revised</i> revenue and expenditure reports up to 30 calendar days after the due date for the first, second and third quarter expenditure reports. OHA will accept <i>revised</i> reports up to 14 days after the fourth quarter expenditure report due date.
WHAT TO SUBMIT:	Submit both the main Expenditure and Revenue Report and the Other Services & Supplies Expenditures (Other S&S) Form. WIC programs must submit a general ledger report quarterly.

Please refer to the R/E report instructions for more detailed information about how to fill out the R/E report.



R/E Report Submissions (continued)

- Do not record OHA/PHD Program Element income on the R/E report.
- LPHA must report actual allowable expenses
- Report expenditures for both Non-OHA/PHD and OHA/PHD funds for which reimbursement is being claimed. This reporting feature is necessary for programs due to the requirement of matching federal dollars with state and/or local dollars.
 - YEAR TO DATE expenditures are reported when payment is made or a legal obligation is incurred.
 - YEAR TO DATE revenue is reported when recognized.
- OSPHD requires a R/E report for all PEs and the individual PE sub-elements. Reports must align with the statement of work. e.g.. PE40-01 WIC NSA July-September should have one quarter filled out only and reflect expenses for that time period only.
- OSPHD requires a R/E report every quarter for all PEs and PE sub-elements regardless of statement of work dates.
- In some cases, PHD Programs may reach out to LPHAs outside of the quarterly reporting time period due to Federal Grant closeout requirements. e.g. PE25 – Funding period ends July 31, 2019 and final closeout amounts are needed by PHD Program prior to the regular quarterly R/E deadline.

R/E Report Submissions (continued)

OREGON HEALTH AUTHORITY					
PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT					
		EMAIL TO:	OHA-PHD.ExpendRevReport@dhsoha.state.or.us		
Agency:	[Enter your agency name]				
Program:	[Enter the Program Element Number / Sub Element and Title]				
Fiscal Year:	July 1, [start year]	to	June 30, [end year]		

- Enter your Agency name, Program Element Number and Title, and Fiscal Year start and end dates.
- Gray shaded areas do not need to be filled out.
- Submit a report for each sub-element. (ie. WIC – reports for 40-01; 40-02; 40-03, etc)
- Please include title of each sub-element
- Each report should have the PE# and sub-element
- Quarterly reports are required for every Program Element (including PE01)

BREAKDOWN BY FISCAL YEAR QUARTER

REVENUE		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
A.	PROGRAM INCOME/REVENUE	Non-OHA/PHD Revenue	Program Revenue	Non-OHA/PHD Revenue	Program Revenue	Non-OHA/PHD Revenue	Program Revenue	Non-OHA/PHD Revenue	Program Revenue	Non-OHA/PHD Revenue	Program Revenue
1.	Revenue from Fees	-----		-----		-----		-----		-----	\$ -
2.	Donations	-----		-----		-----		-----		-----	\$ -
3.	3rd Party Insurance	-----		-----		-----		-----		-----	\$ -
4.	Other Program Revenue	-----		-----		-----		-----		-----	\$ -
	TOTAL PROGRAM INCOME	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -
5.	Other Local Funds (Identify)		-----		-----		-----		-----	\$ -	-----
	5a.		-----		-----		-----		-----	\$ -	-----
	5b.		-----		-----		-----		-----	\$ -	-----
6.	Medicaid/OHP/Ccare		-----		-----		-----		-----	\$ -	-----
7.	Volunteer and In-Kind (estimate value)		-----		-----		-----		-----	\$ -	-----
8.	Other (Specify)		-----		-----		-----		-----	\$ -	-----
9.	Other (Specify)		-----		-----		-----		-----	\$ -	-----
10.	Other (Specify)		-----		-----		-----		-----	\$ -	-----
	TOTAL REVENUE	\$	-	\$	-	\$	-	\$	-	\$	-

A. REVENUE	Revenues that support program are to be entered for each quarter of the state fiscal year as either Program Revenue or Non-OHA/PHD Revenue.
Program Revenue	Report this income in Section A. PROGRAM INCOME/REVENUE, Program Revenue column, Lines 1 through 4, for each quarter. Program income will be deducted from total OHA/PHD expenditures.
TOTAL PROGRAM INCOME	The total Program Revenue for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Non-OHA/PHD Revenue	Report this revenue in Section A. PROGRAM INCOME/REVENUE, Non-OHA/PHD Revenue column Lines 5 to 10, for each quarter. If applicable, identify sources of Line 5. Other Local Funds and specify type of Other for Lines 8 - 10. Non-OHA revenue are not subtracted from OHA/PHD expenditures.
TOTAL REVENUE	The total of Program and Non-OHA/PHD revenue for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Fiscal Year To Date	The YTD total Program or Non-OHA/PHD revenue for each line for the fiscal year. On the Excel report template, this is an auto sum field.

Do not record income received from OHA on this report.

EXPENDITURES		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
B.	EXPENDITURES	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
1.	Personal Services (Salaries and Benefits)									\$ -	\$ -
2.	Services and Supplies (Total)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2a. Professional Services/Contracts									\$ -	\$ -
	2b. Travel & Training									\$ -	\$ -
	2c. General Supplies									\$ -	\$ -
	2d. Medical Supplies									\$ -	\$ -
	2e. Other (enter total from the "Other Services & Supplies Expenditures" Form)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3.	Capital Outlay									\$ -	\$ -
4.	Indirect Cost (\$)									\$ -	\$ -
	4a. Indirect Rate (_____ %)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Less Total Program Income	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -
	TOTAL REIMBURSABLE EXPENDITURES	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -	-----	\$ -
	Check Box if amounts have been revised since report previously submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

B. EXPENDITURES	Expenditures are to be entered for each quarter of the state fiscal year as either Non-OHA/PHD Expenditures or OHA/PHD Expenditures.
Non-OHA/PHD Expenditures	Program expenditures not reimbursed by the OHA Public Health Division.
OHA/PHD Expenditures	Reimbursable expenditures less program income.

Make sure to check the box if the quarterly amounts change between quarterly R/E reports.



Line 1. Personal Services	Report total salaries and benefits that apply to the program for each quarter. Payroll expenses may vary from month to month. Federal guidelines, 2 CFR 225_Appendix B.8. (OMB Circular A-87), require the maintenance of adequate time activity reports for individuals paid from grant funds.
Line 2. Services and Supplies (Total)	The total from the four subcategories (Lines 2a. through 2e.) below this category. On the Excel report template, this is an auto sum field.
Line 2a. Professional Services/Contracts	Report contract and other professional services expenditures for each quarter.
Line 2b. Travel & Training	Report travel and training expenditures for each quarter.
Line 2c. General Supplies	Report expenditures for materials & supplies costing less than \$5,000 per unit for each quarter.
Line 2d. Medical Supplies	Report expenditures for medical supplies for each quarter.

BREAKDOWN BY FISCAL YEAR QUARTER

OTHER SERVICES & SUPPLIES EXPENDITURES		Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date	
		Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures	Non-OHA/PHD Expenditures	OHA/PHD Expenditures
2e.	OTHER SERVICES & SUPPLIES*										
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
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	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	Enter Other S&S Category									\$ -	\$ -
	TOTAL OTHER S&S EXPENDITURES**	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

****Note:** The Total Other S&S Expenditures for each quarter here is used to populate Line 2e. Other under the Expenditure Section of the Expenditure and Revenue Report tab.

Line 2e. Other	Report the Total Other S&S Expenditures from the Other S&S Expenditures Form. Data entry is done in the 'Other S&S Expenditures' Form by entering the type and amount of other services and supplies expenses.
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Line 4. Indirect Cost (\$)	Report indirect costs for each quarter.
Line 4a. Indirect Rate (%)	Report the approved indirect rate percent within the (____%) area, in front of the % symbol. If no indirect rate or if you have a cost allocation plan, enter "N/A".
TOTAL EXPENDITURES	The total of OHA/PHD and Non-OHA/PHD expenditures for each quarter and fiscal year to date. On the Excel report template, this is an auto sum field.
Less Total Program Income	Take from the Program Revenue, TOTAL PROGRAM INCOME line in the Revenue section for each quarter and fiscal year to date. This is the OHA/PHD income that gets deducted from OHA/PHD total expenditures. On the Excel report template, this is an auto fill field.
TOTAL REIMBURSABLE EXPENDITURES	The total OHA/PHD expenditures less total program income for each quarter and fiscal YTD. The amount reimbursed by OHA-PHD. On the Excel report template, this is an auto calculate field.
Fiscal Year To Date	The YTD total of each expenditure category/subcategory of both OHA/PHD and Non-OHA/PHD for the fiscal year. On the Excel report template, this is an auto sum field.

WIC PROGRAM ONLY: Enter the Public Health Division Expenditures breakdown in the following categories for each quarter.					
C. CATEGORY	Q1: Jul, Aug, Sep	Q2: Oct, Nov, Dec	Q3: Jan, Feb, Mar	Q4: Apr, May, Jun	Fiscal Year To Date
1. Client Services					\$ -
2. Nutrition Education					\$ -
3. Breastfeeding Promotion					\$ -
4. General Administration					\$ -
TOTAL WIC PROGRAM	\$ -	\$ -	\$ -	\$ -	\$ -
D. CERTIFICATE					

C. WIC PROGRAM ONLY	Report the Public Health Division expenditures for the 4 categories listed in the WIC Program section for each quarter. Refer to Policy 315: Fiscal Requirements of the Oregon WIC Program Policy and Procedure Manual for definitions of the categories.
TOTAL WIC PROGRAM	The total of the four WIC expenditure categories for each quarter and fiscal year. On the Excel report template, this is an auto sum field.
Fiscal Year to Date	The YTD total of each WIC category for the fiscal year. On the Excel report template, this is an auto sum field.

Page 2 of the R/E report is only needed if expenses are reported on line 2e in the OHA/PHD expenditures column.



D. CERTIFICATE																																
I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; height: 20px;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td>PREPARED BY</td> <td>PHONE</td> <td></td> <td></td> <td></td> <td></td> <td>AUTHORIZED AGENT SIGNATURE</td> <td></td> <td></td> <td>DATE</td> <td></td> </tr> </table>																						PREPARED BY	PHONE					AUTHORIZED AGENT SIGNATURE			DATE	
PREPARED BY	PHONE					AUTHORIZED AGENT SIGNATURE			DATE																							

D. CERTIFICATE	Certify the report.
Prepared By	Enter the name and phone number of the person preparing the report.
Authorized Agent Signature	Obtain the signature, name and date of the authorized agent.
Where to Submit Report	Email the report to the Email To: address indicated on the form.
REIMBURSEMENT FROM THE STATE	Transfer document will be forwarded to the county treasurer (where appropriate) with a copy to the local agency when OHA Public Health Division makes reimbursement
WHEN A BUDGET REVISION IS REQUIRED	<p>It is understood that the pattern of expenses will follow the estimates set forth in the approved budget application. To facilitate program development, however, transfers between expense categories may be made by the local agency except in the following instances, when a budget revision will be required:</p> <ul style="list-style-type: none"> ● If a transfer would result in or reflect a significant change in the character or scope of the program. ● If there is a significant expenditure in a budget category for which funds were not initially budgeted in approved application.



Questions?

OHA-PHD.ExpendRevReport@dhsoha.state.or.us