



HIV Community Services Program FY 2015-2016
ADMINISTRATIVE FISCAL FORM

I. Contact Information		Page 1 of 1
1. Agency Name:	2. Phone Number:	3. Date Prepared:
4. Street Address, City, State and Zip Code	5. Contact Person: Title: e-mail:	6. Reporting Period: <input type="checkbox"/> Quarter 1 (Jul-Sept) <input type="checkbox"/> Quarter 2 (Oct-Dec) <input type="checkbox"/> Quarter 3 (Jan-Mar) <input type="checkbox"/> Quarter 4 (Apr-Jun)
II. Case Management		
	Current <u>Quarter</u> Expenses	Year To Date (beginning July 1, 2015)
1. Direct Service Costs Case Management Salary & Fringe		
2. Direct Service Costs Non-Case Management Salary & Fringe		
3. Direct Program Costs Materials, Equipment and Supplies		
4. Sub-Contracted Services		
5. Administrative Costs		
6. Total of 1-5 (Case Management)		
III. Support Services		
	Current <u>Quarter</u> Expenses	Year To Date (beginning July 1, 2015)
1. Direct Client Service Costs Actual Support Services Expenditures		
2. Sub-Contracted Services		
3. Administrative Costs		
4. Total of 1-3 (Support Services)		

IMPORTANT: It is expected that total expenditures reported will match the data entered into RW CAREWare plus the units reported in Section 1- question 3 of the Quarterly Progress Report (includes both case management and support services). Please explain any discrepancies: