

## Changes between Current and Revised Expenditure and Revenue Report

CURRENT EXPENDITURE AND REVENUE REPORT	REVISED EXPENDITURE AND REVENUE REPORT																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<div>OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT EMAIL TO: David.P.COLEMAN@state.or.us</div> <div>Agency: _____ Program: _____ Period: July 1, _____ to _____ Please read instructions carefully.</div> <div><table><thead><tr><th colspan="4">YEAR TO DATE</th></tr><tr><th></th><th>Non-OHA/PHD Expenditures</th><th>OHA/PHD Expenditures</th><th>TOTAL</th></tr></thead><tbody><tr><td colspan="4"><b>A. EXPENDITURES</b></td></tr><tr><td>1. Personnel Services (Salaries and Benefits)</td><td></td><td></td><td></td></tr><tr><td>2. Services and Supplies</td><td></td><td></td><td></td></tr><tr><td>3. Capital Outlay</td><td></td><td></td><td></td></tr><tr><td>4. TOTAL EXPENDITURES (see Note 3)</td><td>\$</td><td>\$</td><td>\$</td></tr><tr><td>5. Less Total Program Income (see Note 2)</td><td></td><td></td><td></td></tr><tr><td>6. 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CERTIFICATE</b> I certify that revenues reported were authorized for use by the agency in support of this program and that expenditures and encumbrances reported are true and correct to the best of my knowledge and belief.</div><div><div>PREPARED BY</div><div>PHONE</div><div>AUTHORIZED AGENT</div><div>DATE</div></div><div><div>Note 1: If Section A, Line 4, Expenditures are reimbursed by State Medicaid, State General Funds, State Other Funds, do not report Program Income on Section A, Line 5.</div><div>Note 2: AS ORS 92.25(3), income directly generated by grant supported activity (Section B, Line 5).</div><div>Form Number: OHD-202</div><div>Revised April 2013</div></div></div>	YEAR TO DATE					Non-OHA/PHD Expenditures	OHA/PHD Expenditures	TOTAL	<b>A. EXPENDITURES</b>				1. Personnel Services (Salaries and Benefits)				2. Services and Supplies				3. Capital Outlay				4. TOTAL EXPENDITURES (see Note 3)	\$	\$	\$	5. Less Total Program Income (see Note 2)				6. TOTAL REIMBURSABLE EXPENDITURES	\$			YEAR TO DATE				<b>B. PROGRAM INCOME/REVENUE</b>				1. Revenue from Fees				2. Donations				3. Indirect Party Insurance				4. Other Program Income				5. TOTAL PROGRAM INCOME	\$			6. Other Local Funds (Identify)				7. Medical/Quasi-Care				8. Volunteer and In-Kind (estimated value)				9. Other (Specify)				10. Other (Specify)				11. TOTAL REVENUE	\$			<div>OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION EXPENDITURE AND REVENUE REPORT EMAIL TO: David.P.COLEMAN@state.or.us</div> <div>Agency: [Enter your agency name] Program: [Enter the Program Element Number and Title] Fiscal Year: July 1, [Start year] to June 30, [End year]</div> <div><table><thead><tr><th rowspan="2">REVENUE</th><th colspan="10">BREAKDOWN BY FISCAL YEAR QUARTER</th></tr><tr><th colspan="2">Q1: Jul, Aug, Sep</th><th colspan="2">Q2: Oct, Nov, Dec</th><th colspan="2">Q3: Jan, Feb, Mar</th><th colspan="2">Q4: Apr, May, Jun</th><th colspan="2">Fiscal Year To Date</th></tr><tr><th></th><th>Non-OHA/PHD Revenue</th><th>OHA/PHD Revenue</th><th>Non-OHA/PHD Revenue</th><th>OHA/PHD Revenue</th><th>Non-OHA/PHD Revenue</th><th>OHA/PHD Revenue</th><th>Non-OHA/PHD Revenue</th><th>OHA/PHD Revenue</th><th>Non-OHA/PHD Revenue</th><th>OHA/PHD Revenue</th></tr></thead><tbody><tr><td colspan="11"><b>A. PROGRAM INCOME/REVENUE</b></td></tr><tr><td>1. 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(2 CFR 200.415)</div><div><div>PREPARED BY</div><div>PHONE</div><div>AUTHORIZED AGENT SIGNATURE</div><div>DATE</div></div><div><div>Form Number: OHD-202</div><div>Revised November 2013</div></div></div>	REVENUE	BREAKDOWN BY FISCAL YEAR QUARTER										Q1: Jul, Aug, Sep		Q2: Oct, Nov, Dec		Q3: Jan, Feb, Mar		Q4: Apr, May, Jun		Fiscal Year To Date			Non-OHA/PHD Revenue	OHA/PHD Revenue	Non-OHA/PHD Revenue	OHA/PHD Revenue	Non-OHA/PHD Revenue	OHA/PHD Revenue	Non-OHA/PHD Revenue	OHA/PHD Revenue	Non-OHA/PHD Revenue	OHA/PHD Revenue	<b>A. PROGRAM INCOME/REVENUE</b>											1. Revenue from Fees											2. Donations											3. Indirect Party Insurance											4. Other Program Revenue											5. TOTAL PROGRAM INCOME	\$		\$		\$		\$		\$		6. Other Local Funds (Identify)											7. Medical/Quasi-Care											8. Volunteer and In-Kind (estimated value)											9. Other (Specify)											10. Other (Specify)											11. 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The current Expenditure and Revenue Report has been revised to give a comprehensive view of all expenditures and revenues by quarter of the state fiscal year on one report. Also, additional categories and subcategories have been added to the Expenditures section. Below is a comparison of the major changes from current to revised report.																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Email To: is Dave Coleman	Email To will be: <a href="mailto:OHA-PHD.Expend&amp;RevReport@state.or.us">OHA-PHD.Expend&amp;RevReport@state.or.us</a>																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Order of Sections is: <ul style="list-style-type: none"><li>Expenditures</li><li>WIC Program</li><li>Revenue</li></ul>	Order of Sections is: <ul style="list-style-type: none"><li>Revenue</li><li>Expenditures</li><li>WIC Program</li></ul>																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Report Year To Date expenditures and revenue without breaking data into quarters.	More detailed breakout of information is required. Report expenditures and revenue for each quarter of the fiscal year.																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Program Income/Revenue did not indicate whether LPHD or Non-OHA/PHD revenue.	Program Income/Revenue entered as either LPHD Revenue or Non-OHA/PHD Revenue.																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<ul style="list-style-type: none"><li>Expenditures for Services and Supplies not broken into subcategories.</li><li>Indirect Cost and Indirect Rate (%) not reported.</li></ul>	<ul style="list-style-type: none"><li>Expenditures for Services and Supplies broken into 5 subcategories.</li><li>For the Other S&amp;S subcategory: another tab/sheet provided to enter other services &amp; supplies type and amount.</li><li>Indirect Cost and Indirect Rate (%) added to Expenditures section.</li></ul>																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Certification statement did not reference 2 CRF 200.415.	Certification statement revised to reflect 2 CFR 200.415 language.																																																																																																																																																																																																																																																																																																																																																																																																																																																																				