



**INSTRUCTIONS FOR COMPLETING  
CERTIFIED FINANCIAL STATEMENTS OF ACTUAL EXPENDITURES**

## Instructions for Completing Certified Financial Statements of Actual Expenditures

This form is for reporting monthly and cumulative expenditures. It must be completed for every month of your contract's term and for each month beyond the term, up until all expenditures have been reported. It must be submitted even if your organization did not have any expenditures in a particular month. Each month is indicated by a separate tab in the excel spreadsheet.

1. **Organization** – Enter the full name of your organization.
2. **Contract Registration No.** – Enter the Contract Registration Number that is found on your contract registration notification letter. This number was assigned to your contract from the Comptroller's Office.
3. **Agreement No.** – Enter the Agreement Number that is found on the cover page of your contract. This number is used to track your contract throughout its term.
4. **SBS Contract Manager** – Enter the full name of your SBS contract manager.
5. **Reporting Month** – Enter the month for which the actual expenditures are being reported
6. **Date Submitted** – Enter the date that your organization is submitting the Statement of Actual Expenditures. The form should be submitted no later than 10 days prior to the month following the reporting month.
7. **Hours Worked on Contract for the Month**– For each personnel listed enter the number of hours the staff person worked on the Avenue NYC projects.
8. **Fringe Benefits** – Fringe benefits such as health insurance, social security, pension fund payments and payments to retirees should be totaled for all staff in the "fringe benefits" column. These benefits should not exceed 28.5% of the total salaries listed under personnel. In filling out the fringe benefits row, enter the fringe benefit percentage rate in the gray column adjacent to "fringe benefits". Under each program column, enter the total dollar amount designated toward fringe benefits.
9. **Subtotal Personnel** – When filled out electronically, the subtotal for personnel expenses will sum automatically. This figure is the total for Payroll and Fringe.
10. **Other Than Personnel Expenses (OTPS)** – Enter all OTPS (Other Than Personnel Services) expenditures such as insurance, equipment, accounting, services, etc. OTPS expenses are generally items falling into the following categories: utilities, maintenance and repairs, supplies, telephone, commercial rent, and postage. If listing expenses in the Other OTPS category please specify in the space provided.
11. **OTPS Subtotal** – When filled out electronically, the subtotal for personnel expenses will sum automatically. This figure is the total for Payroll and Fringe.
12. **Program Expenses** – Use the drop down list to specify which Project Area the program expenses are allocated to. Enter the amount of expenses for each of the items, for "Other" describe the items. If filled out electronically, this total will sum automatically. Enter each project area separately.
13. **Program Expenses Subtotal** – When filled out electronically, the subtotal of all program expenses will sum automatically. The figure is the total for all programmatic expenses listed. "Other" includes all City Council projects that do not fit into one of the other Avenue NYC project areas. "Other" must be defined in the space provided (abbreviate if needed).
14. **Approved Budget** – The approved budget is the same as your contract budget. It should not change throughout the year, unless you legally modify your contract budget.
15. **Actual Expenses** – For each item, enter organization expenditures for the reporting month. Books should be kept on a cash basis. Thus, all checks written, regardless of whether they were released, should be counted as expenditures.
16. **Adjustments** – Enter any adjustments made during the reporting month. Adjustments can be made for items like a voided check or moving an expenditure amount from one line to another. Adjustments must also be made to reflect audit findings, including refunds for disallowed expenditures. Generally, adjustments should not be made to correct mathematical errors. Be sure to indicate whether an adjustment is an addition or subtraction by entering a negative sign

(-) in front of the amount or using parentheses. All adjustments must be explained on a sheet attached to the Actual Expenditures form.

17. **Cumulative Expenditures to Date** – When filled out electronically, the cumulative expenditures will sum automatically from the excel sheets designated for the previous months through the reporting month. The amounts in this column must equal the cumulative expenditures through the previous reporting month plus the actual expenditures and adjustments for this reporting month. Cumulative expenditures may not exceed budgeted amounts. A budget modification must be submitted and approved by SBS when an organization's spending projections exceed its budgeted amount.
18. **Funds Remaining in Contract to Date** – When filled out electronically, the funds remaining in contract to date will total automatically. The amounts in this column are the remaining funds available in each budget line less the cumulative expenditures.
19. **Total Expenses** – If filled out electronically, the total expenditures will sum automatically. This figure represents the total for all items. (i.e. Total Expenses = *Subtotal – Personnel + Subtotal – OTPS + Subtotal – Program*).
20. **Funds Received Prior to Reporting Month** – Indicate the total amount of funds received prior to the reporting month indicated on the top of the form. If the amount of funds your organization receives is less than it requested, your SBS contract manager will inform your organization of the amount of the agreement funds disbursed. Do not count funds borrowed from another SBS contract or private sources in this category.
21. **(Less) Cumulative Expenditures** – When filled out electronically, this figure will be inserted automatically from the total cumulative expenditures reported in the column above.
22. **Remaining Funds in Account** – When filled out electronically, this figure will be calculated automatically. This figure represents the amount of SBS funds received but not expended.
23. **Checkbook Balance** – Enter the net amount remaining in the dedicated bank account at the end of the reporting month. This figure must be reconciled with the bank's statement on a monthly basis. Generally, the number is the same as the "Funds Remaining," unless there are non-contract funds included in the account.
24. **Approval and Certification** – Once the form has been completed electronically, print it and have it signed and certified. Each month, the person managing the program, the executive director or CEO and one person with fiduciary responsibility (i.e. Treasurer or Accountant) must approve and certify the actual expenditures form. The certification must be completed by the person with fiduciary expertise, such as the Treasurer or the Accountant. The person who certifies the form is eligible to sign one of the approvals.

**Certified Financial Statement of Actual Expenditures**

<b>Organization:</b>			
	<i>Incurred under an Agreement with the New York City Department of Small Business Services</i>		
<b>Contract Registration No.</b>			
<b>Agreement No.</b>		<b>Reporting Month</b>	Jul-09
<b>SBS Contract Manager</b>		<b>Date Submitted</b>	

Budget Line Item	Hours Worked on Contract for Month of:	Approved Budget	Actual Expenses for the Month of	Adjustments	Cumulative Expenditures to Date	Funds Remaining in Contract to Date
<b>Personnel Expenses</b>	<b>Jul-09</b>		<b>Jul-09</b>	show + or (-)		
Executive Director					\$ -	\$ -
Program Manager					\$ -	\$ -
Director of Finance					\$ -	\$ -
Executive Assistant					\$ -	\$ -
Program Assistant					\$ -	\$ -
Other Staff					\$ -	\$ -
Fringe Benefits	(enter % here)				\$ -	\$ -
<b>Subtotal Personnel</b>	0	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Other Than Personnel (OTPS)</b>						
Rent/Utilities					\$ -	\$ -
Phone/Internet					\$ -	\$ -
General Office Supplies					\$ -	\$ -
Other OTPS	Specify Expense Here				\$ -	\$ -
Other OTPS	Specify Expense Here				\$ -	\$ -
<b>OTPS Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -
<b>Program Expenses</b>	<b>Specify Project Area Here</b>					
Consultants					\$ -	\$ -
Newsletters/Communications					\$ -	\$ -
Promotional Materials					\$ -	\$ -
Event Supplies					\$ -	\$ -
Other Program Materials	Specify Expense Here				\$ -	\$ -
Other Program Materials	Specify Expense Here				\$ -	\$ -
<b>Program Expenses Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -
<b>Program Expenses</b>	<b>Specify Project Area Here</b>					
<small>(Only fill this portion out if your organization is executing more than one projects in this contract)</small>						
Consultants					\$ -	\$ -
Newsletters/Communications					\$ -	\$ -
Promotional Materials					\$ -	\$ -
Event Supplies					\$ -	\$ -
Other Program Materials	Specify Expense Here				\$ -	\$ -
Other Program Materials	Specify Expense Here				\$ -	\$ -
<b>Program Expenses Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -
<b>Program Expenses</b>	<b>Specify Project Area Here</b>					
<small>(Only fill this portion out if your organization is executing more than one projects in this contract)</small>						
Consultants					\$ -	\$ -
Newsletters/Communications					\$ -	\$ -
Promotional Materials					\$ -	\$ -
Event Supplies					\$ -	\$ -
Other Program Materials	Specify Expense Here				\$ -	\$ -
Other Program Materials	Specify Expense Here				\$ -	\$ -
<b>Program Expenses Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENSES</b>		\$ -	\$ -	\$ -	\$ -	\$ -

**Record of Cash in Account**

Funds received prior to reporting month	\$ -
(Less) Cumulative Expenditures	\$ -
<b>Remaining Funds in Account</b>	\$ -
Checkbook Balance	\$ -

**CERTIFICATION OF EXECUTIVE AND FINANCIAL OFFICER**

I attest that the above-listed actual expenses are accurate. I have provided the General Ledger and will maintain checks, invoices, purchase orders and contracts in the files for further examination.

<b>Signature of Program Officer:</b>	<b>Title:</b>	<b>Date:</b>
<b>Signature of CEO (or comparable executive):</b>	<b>Title:</b>	<b>Date:</b>
<b>Signature of CFO (or comparable executive with fiduciary responsibility):</b>	<b>Title:</b>	<b>Date:</b>

**Please submit this form, with original signatures, to your contract manager on a monthly basis. Photocopies and unsigned forms will not be accepted.**

Subscribed and sworn to before me on the day of

Note: Certification must be done by someone who holds fiduciary responsibility. All adjustments must be explained on an attached sheet.