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QUESTIONED COSTS	<b>∽</b>						↔
CAPS VARIANCE	w						<b>.</b>
CAPS ACTUAL AMOUNTS	₩.						€
CAPS APPROVED BUDGET	•						₩
4	REVENUES: ACS Fees Collected	Other Income TOTAL REVENUES	EXPENDITURES PS EXPENDITURES TOTAL PS EXPENDITURES	OTPS EXPENDITURES	TOTAL PS AND OTPS EXPENDITURES	Administrative Overhead TOTAL EXPENDITURES (Less) Questioned Costs TOTAL ALLOWABLE COSTS	(Deficiency)/Excess of Revenue Over Expense

Program Contract No.

**Private Share** 

## AGENCY NAME PROGRAM NAME PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_ SCHEDULE OF SALARIES FOR THE YEAR ENDED \_\_\_\_\_

Employee Identification Code	<u>Title</u>	Budgeted <u>Salary</u>	Salary <u>Paid</u>	<u>Variance</u>
		\$	\$	\$
**				

**TOTAL** 

## AGENCY NAME PROGRAM NAME PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_ SCHEDULE OF FRINGE BENEFITS FOR THE YEAR ENDED \_\_\_\_\_

Description	<u>Budgeted</u>	<u>Actual</u>	Actual Fringe % of Total Salary Cost	<u>Variance</u>
FICA Health Worker's Compensation Unemployment Disability Other	\$	\$	<b>\$</b>	\$
TOTAL	\$	\$	\$	\$

### AGENCY NAME PROGRAM NAME PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_ SCHEDULE OF FIXED ASSETS\* INVENTORY AS OF \_\_\_\_\_

	<u>Description</u>	Year of <u>Purchase</u>	Serial Number	Date Purchased with ACS Funds	Cost
Current Year	r				\$
Prior Year(s)	)				
	,				
Fully Depred	ciated Assets				
				TOTAL COST	\$

\*PLEASE REFER TO OFFICE OF MANAGEMENT AND BUDGET GUIDANCE (PART 200) FOR A DEFINITION OF A FIXED ASSET

## AGENCY NAME PROGRAM NAME PROGRAM BUDGET IDENTIFICATION NUMBER \_\_\_\_\_ SCHEDULE OF QUESTIONED COSTS FOR THE YEAR ENDED \_\_\_\_\_

	Questioned
Detailed Explanation of Questioned Costs	<u>Costs</u>

### **Budget Line Category**

\$

Please provide a detailed explanation of the questioned costs. Include such items as vendor name, why costs are being questioned and how the questioned costs were determined.

### **Budget Line Category**

TOTAL QUESTIONED COSTS \$

## SCHEDULE OF QUANTITATIVE PROGRAM RESUTLS FOR THE YEAR ENDED\_\_\_\_\_ AGENCY NAME \_\_\_\_\_ PROGRAM NAME\_\_\_\_\_ PROGRAM BUDGET IDENTIFICATION# \_\_\_\_\_ QUANTIFIABLE INDICATORS Number of open cases at beginning of period\_\_\_\_\_\_

Number of new cases during audit period\_\_\_\_\_

Number of cases serviced during audit period\_\_\_\_\_

Cases terminated

Cases open as of current year\_\_\_\_\_

Cost per family\_\_\_\_\_

# AGENCY NAME CHILD SUCCESS NEW YORK CITY (CSNYC) PREVENTIVE FUNDING

STATEMENT OF REVENUES AND EXPENDITURES FOR THE YEAR ENDED

*TO BE USED FOR PREVENTIVE PORTION OF CHILD SUCCESS NEW YORK CITY ONLY. *DO NOT INCLUDE CSNYC FOSTER CARE WAIVER PORTION*	N OF CHILD SU STER CARE WA	CCESS NEW I IVER PORTIO	YORK CITY OI IN*	VLY. *
	CAPS APPROVED BUDGET	CAPS ACTUAL AMOUNTS	CAPS VARIANCE	QUESTIONED COSTS
REVENUES:	<b>↔</b>	•	•	<b>v</b> s
TOTAL REVENUES				
EXPENDITURES: NIl Personnel Costs Salaries				
Fringe TOTAL PS EXPENDITURES				
Consultants Other OTPS TOTAL POS and OTPS EXPENDITURES				
TOTAL PS AND OTPS EXPENDITURES				
Administrative Overhead  TOTAL EXPENDITURES Less) Questioned Costs  TOTAL ALLOWABLE COSTS				
Deficiency)/Excess of Revenue Over Expense				

### ATTESTATION

Effective December 26, 2014, for all audits beginning on or after December 26, 2014, the Federal award expenditure threshold for filing a Single Audit (formally known as the A-133 Audit) for all non-federal entities has been increased from \$500,000 to \$750,000. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a Single or Program-specific Audit conducted for that year. If an agency spends less than \$750,000 in Federal awards in a year, it is not required to complete a Single Audit, but it is recommend that an audit be done. The agency must provide Children's Services with an Attestation to the fact that the agency's federal award expenditures were less than \$750,000 in the fiscal year ending June 30, 2016, which must be sent to the attention of the Assistant Commissioner of Finance Audit and Banking within nine months after the end of the fiscal year (by March 31, 2017).

Agencies that are not subject to the Single Audit are still required to prepare Preventive schedules for final reconciliation of their fiscal year as well as to submit their financial statements to Children's Services. The additional requirements will serve to provide accurate information to complete a final closeout for the fiscal year as well as to comply with New York State monitoring requirements.

Following is a sample of the attestation to be completed on Agency Letterhead.

Administration for Children's Services Division of Financial Services, Audit and Banking 150 William Street, 10 <sup>th</sup> Fl. New York, NY 10038 Attn: Marcia Gilliard, Assistant Commissioner							
aired to complete s Sing	le Audit for Fiscal Year en	nded June 30, 2016. The schedules					
;	<u>;                                    </u>	e e					
Title	Date						
	issioner  as by signing below (agaired to complete s Sing quired testing has been only to the street of the street	issioner  as by signing below (agency name) attest that we have to complete s Single Audit for Fiscal Year enquired testing has been done to ensure that the expensions;					