



Additional Reporting

FISCAL – EXPENDITURES AND PAYMENT REQUEST

General – due dates, payment request

You must submit the Reimbursement Form, Quarterly Deliverable Progress Reports, and Cost Study Report on a quarterly basis. The due dates for each are the first business day following two weeks after the end of the quarter (15th or next business day).

We would like a preliminary reports on 11/15 to run through the reporting process.

The first due date is 1/15/13 for regular reports.

Payment request reforms may be submitted at any time.

All reports must be submitted electronically to:

Sheila.Maxwell@illinois.gov

DPH.WeChooseHealth@Illinois.gov

Leticia.Reyes@illinois.gov

If you have any questions regarding the forms, or due dates, please contact Sheila Maxwell-Pate at the above e-mail address.

Expenditure Certification - header

Illinois Department of Public Health

OPPS - CTG - We Choose Health Grant

Expenditure Certification Form

| | | | | |
|---------------------|--|--|------------------------|--|
| | | | | |
| Vendor Name: | | | Contract # : | |
| Address: | | | Grant Period: | |
| Address: | | | Billing Period: | |
| FEIN Number: | | | Date Submitted: | |
| | | | | |

Expenditure Certification - categories

| Name / Vendor | Title/ Purpose | Period/ | Amount Claimed | Original Amount | Total | Amount |
|------------------------------|----------------|---------------|----------------|-----------------|----------|-----------|
| | | Date Incurred | from IDPH | of Budget | Expended | Available |
| <u>Personnel Services</u> | | | | | | |
| <u>Fringe Benefits</u> | | | | | | |
| <u>Contractual Services</u> | | | | | | |
| <u>Travel</u> | | | | | | |
| <u>Commodities/ Supplies</u> | | | | | | |
| <u>Printing</u> | | | | | | |
| <u>Telecommunications</u> | | | | | | |

Expenditure Certification

| <u>CERTIFICATION:</u> | | |
|--|--|--|
| I hereby certify that the goods and/or services claimed above are necessary expenditures for the program, that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not been previously requested or received. | | |
| | | |
| | | |
| Grantee Authorized Signature | | |
| Date | | |

Payment request

- Submit to: Sheila.Maxwell@illinois.gov,
DPH.WeChooseHealth@Illinois.gov, Leticia.Reyes@illinois.gov
- Vendor Name:
- Contract # :
- Requested By:
- Amount Requested :
- Estimated period for using these funds:
- FEIN Number:
- Certification
- Signature of Signature Authority/Authorized Designee
Date:

Other information

- Grant funds recovery act (30 ILCS 705)
- Use of funds reasonable and necessary costs
- Reasonable – consistent with prudent business practice and current market values
- Necessary – accomplishing the grant objectives
- Allowable cost – consistent with grant agreement and not included as a cost, cost-sharing or matching of other state/federal program

Bill Dart, Assistant Deputy
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Planning and Statistics

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COST STUDY REPORTING

CTG

Cost Study Information

- The Cost Study, administered by RTI International, is being funded by CDC to collect and analyze data related to the direct costs and health benefits associated with strategic focus area interventions of the CTG program.
- The CTG Cost Study will allow RTI International to estimate what it actually costs to implement population-level interventions.

Who Should Submit Data for the Cost Study?

- Any organization, individual, or entity that works on implementing the CTG program
- Both funded and unfunded partners should be reported
 - Funded partners receive money
 - Unfunded partners donate their time and resources without receipt of CTG program money

What Cost Data is Needed from Partners?

- Each quarter partners are required to report:
 - Amount paid during quarter for labor (if funded partner)
 - In-kind labor contributions from each partner
 - In-kind non-labor contributions

A more in-depth webinar will be held soon to go over the cost study reporting requirements.

Sheila Maxwell-Pate

IDPH- Office of Health Policy

Contact information:

Sheila.Maxwell@illinois.gov

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