INSTRUCTIONS FOR COMPLETION
OF THE INTERIM REPORT OF ACTUAL
EXPENSES RECEIPTS AND PERFORMANCE
MEASURES (DHMH 438, Revised August 2001)

FOLLOW THESE INSTRUCTIONS UNTIL FURTHER NOTICE
THESE INSTRUCTIONS WILL NOT BE SENT TO PROVIDERS
ON AN ANNUAL BASIS

This form is a required submission for those vendors paid through invoices submitted to the Division of Program Cost and Analysis (DPCA). The actual expenses, receipts and performance measures reported on this form will be subject to analysis by the Division of Program Cost and Analysis prior to making the relevant subsequent payment (via the DHMH 437). In conjunction with these instructions, vendors should read the instructions for the DHMH 437 Form, Human Service Agreement - Request for Payment – Vendor Invoice.

DHMH 438 Quarterly Submission Schedule-DHMH Vendor Awards at $1,499,999 or less

Quarterly Payment Cycle Latest Possible Timely Payment Date	DHMH 438-Reflecting YTD Actuals (No Estimates) Through	DHMH 438 – Deadline Date Must be Received in DPCA for Timely Payment
2nd Quarter (October 5th)	August 31st	September 10th
3rd Quarter (January 6th)	November 30th	December 10th
4th Quarter (April 5th)	February 28th	March 10th

DHMH 438 Bi-Monthly Submission Schedule-DHMH Vendor Awards at $1,500,000 or more

Bi-Monthly Payment Cycle Latest Possible Timely Payment Date	DHMH 438-Reflecting YTD Actuals (No Estimates) Through	DHMH 438 - Deadline Date Must be Received in DPCA for timely Payment
Payment # 2 (September 6th)	July 31st	August 10th
Payment # 3 (November 5th)	September 30th	October 10th
Payment # 4 (January 6th)	November 30th	December 10th
Payment # 5 (March 5th)	January 31st	February 10th
Payment # 6 (May 5th)	March 31st	April 10th

DHMH 438 Instructions (continued)

Timely submission of the DHMH 438 with sufficient allowance for departmental cash management practices will result in timely payment of the related invoice. Vendors should submit the DHMH 438 as soon as possible after their interim year to date actuals are available and no later than the above dates in the third column, if they wish to maintain sound cash flow management. Funding will be advanced only to the extent warranted by an analysis of the Interim Report of Actual Expenses, Receipts and Performance Measures.

Vendors should submit the DHMH 438, with an original signature in **blue ink** to:

Department of Health and Mental Hygiene
Division of Program Cost and Analysis
201 West Preston Street - Room 546
Baltimore, MD 21201

SPECIFIC INSTRUCTIONS - SECTION I of DHMH 438

1. Enter the name of your organization.

2. & 3. Enter your mailing address.

4. Enter the project title.

5. Enter the telephone number of the contact person.

6. Enter the contact person who can respond to questions on the DHMH 438.

7. Enter the name of the director of the project.

8. Enter the federal employer ID number.

9. Enter the DHMH contract award number.

10. Enter the fiscal year ending, e.g., June 30, xxxx, for the funding request period.

11. Enter the period covered by the report, e.g., 7/1/xx - 8/31/xx.

12. This form should be signed and dated in **blue ink** by the director or other responsible official of the organization. The original signature must be sent to the Division of Program Cost and Analysis.

<u>SPECIFIC INSTRUCTIONS - SECTIONS II AND III of DHMH 438</u>

<u>**Approved Budget (Column 1)**</u> **-** Enter the amount of the Total Program Budget in Section II including all supplements and reductions. The budget amounts should include only approved budget actions. Do not include supplements, etc. still in process. Please note: Adult Day Care providers only, should enter the DHMH Budget rather than the Total Program Budget.

<u>**Actual Expenditures Through (Column 2)**</u> **- E**nter the actual incurred expenditures and the time period they were incurred through, for example, August 31. The actual expenditures should be for the total program. Please note: Adult Day Care providers only, should enter only DHMH funded expenditures.

<u>**Variance Under (Over)**</u> **-** Subtract Column 2 from Column 1. Show negative numbers, over expenditures, in brackets.

<u>**Receipts**</u> **-** Enter the period the receipts are through (should match expenditure date). Enter actual receipts to date in Section III, including DHMH funds. Please note: Adult Day Care Providers should enter DHMH funds only.

<u>SPECIFIC INSTRUCTIONS - SECTION IV of DHMH 438</u>

(attach additional pages, if needed)

<u>**Performance Measure**</u> **-** Describe the identified measure(s) of the output for this specific human service agreement.

<u>**Budget Estimate**</u> **-** Enter the quantified performance measure(s) identified in the budget (DHMH 432 C or DHMH 436 B).

<u>**YTD Thru**</u> - Enter the identified performance measure(s) accomplished to date (same time period as expenditures and receipts).