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Provider Instructions

Welcome to the State of Connecticut Purchase of Service contracts workbook. The purpose of this workbook is to streamline POS contract administration processes to include; budget formulation and approval, budget revisions/amendments and approvals, and financial reporting. The workbook is designed to provide a single point of entry for required contract information and once data is entered it automatically populates throughout the workbook utilizing formulas and macros.

The new process requires one workbook per POS contract and the workbook will be transmitted back and forth between the state agency and provider throughout the term of the contract, as needed. The state agency will identify a standard naming convention for contract files. The workbook contains a Provider Instructions tab with state agency specific step-by-step instructions to guide you in completing the forms. An Accounts Definitions tab is also provided to assist you in completing the budget request.

To function the workbook employs extensive VBA code, triggered by user action. Some of the code enabling the required functionality and formatting is not compatible with versions of MS Excel prior to Excel 2007. Do not attempt to use the workbook and save data to it unless using Excel 2007 or later.

The state agency that you are contracting with has already pre-configured the workbook for you. Now that you (the provider) have received the workbook, there are several tabs (forms) that must be filled out. Please note that the provider is only responsible for filling out the fields/columns that are highlighted in two lighter yellows (as indicated below) or as otherwise instructed by the State Agency.

Background shading for provider input
Background shading for either provider or State Agency input depending on State Agency policy or contract needs
Background shading for state agency input
Background shading for optional state agency input

PROVIDER INFORMATION TAB

- SUBMISSION DATE** Enter the date that you submit the completed workbook to the state agency
- PROVIDER AGENCY** Enter the legal name and address of the organization as filed with the Secretary of State. Also complete other requested information i.e., FEIN#, DUNS#, and the federal funding questions.
- AGENCY DIRECTOR/CEO** Enter the required fields
- CONTACT PERSON - BOARD OF DIRECTORS** Enter the required fields
- CONTACT PERSON - PROGRAMMATIC** Enter the required fields
- CONTACT PERSON - FISCAL** Enter the required fields
- CONTACT PERSON - DATA REPORTING/MIS** Enter the required fields
- CONTACT PERSON - RFP** Enter the required fields
- AREA(S) SERVED** Enter data as required in the agency specific instructions
- IS LITIGATION PENDING?** Select yes or no from the dropdown menu. If yes, provide an explanation in the space provided.
- ACCREDITATION** List
- RELATED PARTY TRANSACTIONS?** Select yes or no from the dropdown menu. If yes, provide an explanation in the space provided.

PROGRAM LISTING TAB

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PROGRAM LISTING TAB

The state agency has already populated the list of program names/abbreviations included in the POS contract. For each program listed, provide the required information in the columns shaded in light yellow (columns to the right). Programs identified on this form automatically populate column(s) on the Budget Summary tab. Financial reporting tab(s) are also created for each program identified.

SCHEDULE A SALARIES TAB

This form is used to provide estimated salaries and wages information by program. Summary information from this form automatically populates fields (Salaries & Wages, Fringe Benefits) on the Budget Summary tab. This spreadsheet allows up to 300 lines.

Select Maximum Required Schedule Lines (located in the upper left hand portion of the form) If the form does not have enough lines for you to enter all positions to be budgeted you may select the number of lines you wish to display in the work space from the dropdown list.

Enter the following information for each position:

POSITION: Enter position title.

NAME: Enter employee name. If State Agency policy allows grouping of multiple positions enter text to indicate that multiple employees are included and the number of employees i.e., "Ten (10) total staff positions". Refer to specific State Agency direction.

DEGREE/LICENSE: Enter degree(s) and licenses held by the employee from the dropdown list or if not available from the dropdown list, user can type in the field. This column will only appear if state agency configuration requires it.

RATE PER HOUR: This is a display field and shows the calculated hourly rate of pay based on the information entered. The Rate per Hour is calculated using a metric of 52.14 weeks per calendar year unless a lower number of weeks worked per year is entered in the WKS/YR field.

TOTAL HOURS PER WEEK: Enter total hours of work per week. If State Agency policy allows grouping of multiple positions enter the total hours of all positions in the group i.e., ten (10) Nurse Consultants each working 40 hours per week would be entered as 400 hours.

WKS/YR: **if less than full yr.** Enter the number of total weeks per Funding Period that you anticipate the employee to work (if employee works a full year, then leave this blank).

ANNUAL SALARY: Enter the annual base salary for the employee/position. The base salary does not include any Fringe Benefits, Overtime, or other non-wages compensation.

FRINGE BENEFITS %: Enter the total fringe benefits percentage for the position.

ANNUAL FRINGE BENEFITS: This is a display field and shows the calculated annual fringe benefits based on the percentage of annual salary entered.

CONTRACT PROGRAM % OF TIME: Enter the percent of the position's time spent on each of the displayed contract programs.

CONTRACT A & G % OF TIME: Enter the percent of the position's time allocable to Administrative & General charges, if any.

OTHER NON-CONTRACT FUNDING column: Enter total non-contract funding for the position (column is optional by state agency and will only appear if the state agency configuration requires this information. Refer to specific agency policy or instructions).

JUSTIFICATION: Enter justification for the position (see agency specific instructions).

BUDGET SUMMARY TAB

This budget form, utilizing the new POS uniform chart of accounts (UCOA), is used to build the provider budget request by program for the contract. The UCOA is a menu of detailed accounts available for use. The UCOA consists of three sections; Income, Direct Expenses and Indirect Expenses. The UCOA conforms with the OPM POS Cost Standards.

Once the State Agency approves and accepts the budget request, the approved budget information will be final and columns on the financial reporting and other tab(s) will automatically display the correct budget amounts. The Contract Budget tab (suitable for printing) will also be completely populated.

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56 **BUDGET SUMMARY TAB**

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60 Once the State Agency approves and accepts the budget request, the approved budget information will be final and columns on the financial reporting and other tab(s) will automatically display the correct budget amounts. The Contract Budget tab (suitable for printing) will also be completely populated.

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62 Enter the following information for each program within this contract:

63 **INCOME**

64 **4100 CONTRACT FUNDING:** The state agency will normally have already populated data in this section. The subtotal of this income section should equal the total amount of this contract. If the State Agency allows provider allocation of funding this information may be entered by providers. Please refer to agency specific guidance.

65 **4200 OTHER STATE AGENCY FUNDING:** If required by the state agency for the contract, enter funding amounts from other state agencies that support the programs funded in this contract.

66 **4300 OTHER FUNDING:** If required by the state agency for the contract, enter funding amounts from other sources that support the programs funded in this contract

67 **DIRECT EXPENSES**

68 **All Line Items:** Enter estimated expenses in the appropriate expense accounts. Please note that 5101 Salaries and Wages and 5200 Fringe Benefits are populated automatically with data from Schedule A Salaries tab.

69 **INDIRECT EXPENSES**

70 **7111 A&G SALARIES AND WAGES:** Enter the A&G Salary and Wages.

71 **7120 A&G FRINGE BENEFITS:** Enter the A&G Fringe Benefits.

72 **7130 ALL OTHER A&G:** Enter all other estimated A&G Expenses (not included in 7111 A&G Salaries and Wages and 7120 A&G Fringe Benefits.)

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74 **OTHER NON-CONTRACT FUNDING column** (located on the right side of the spreadsheet): Enter total non-contract funding and expenses for the provider (column is optional by state agency and will only appear if required by state agency)

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76 **BUDGET JUSTIFICATION TAB**

77 The budget justification form serves as the budget narrative/justification for this contract. Only accounts that have budgeted amounts on the Budget Summary tab will be displayed on this form.

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79 Enter a justification for each budgeted account. Refer to State Agency specific guidance for a further explanation of what is required on this form.

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81 **CONTRACT BUDGET TAB**

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83 Once the contract budget has been negotiated and approved, state agency personnel run an approval process. The contract budget tab will be finalized, date stamped, and fully updated. The Contract Budget Tab is the approved Contract Budget that can be printed and included in the paper contract. This form will always represent the current approved Contract Budget and only includes accounts (line items) that have dollar amounts associated with them.

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85 **BUDGET REVISION TAB**

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BUDGET REVISION TAB

The budget revision form is used to submit budget revisions, as required by the OPM POS Budget Revision Policy. This form is also used to submit revised budgets required for the state agency to process contract amendments that include additions, reductions or changes to the contract budget.

Enter proposed revision amounts in the CHANGE +/- column(s) for each program(s) being revised. The overall net effect of the revision for each contract program must equal zero unless other specific instruction are provided by the state agency. If amounts are entered that do not equal zero, then the column calculated amounts will be displayed in red as an alert that something may need to be adjusted.

Once the state agency receives and approves the budget revision, state agency personnel will run an approval program that automatically updates the budget column(s) on the Budget Summary tab, the approved budget column on the Financial Report tab(s), and the award amounts on the Contract Budget Tab. Each version of the budget (original and any subsequent revisions) is saved on its own tab as a history of budget versions.

FR - FINANCIAL EXPENDITURE REPORT TAB(s)

A Financial Expenditure Report tab is automatically created for each program listed on the Program Listing tab. The Financial Expenditure Reports are designed to handle various reporting timeframes (e.g., monthly, quarterly, 8 month, final). The State agency will configure the workbook with the appropriate reporting timeframe based on the terms and conditions of the contract award.

The approved budget column will be automatically populated from data on the Budget Summary tab.

Enter the following information in the reporting period column when the Financial Expenditure Report is due:

4100 CONTRACT FUNDING: Enter the amount of funding actually received from the state agency you are contracting with.

4200 OTHER STATE AGENCY FUNDING: If required by the state agency, enter the funding received from state agencies, other than the contracting agency, in support of program activities.

4300 OTHER INCOME: If required by the State Agency, enter the funding received from all other sources in support of program activities.

5000 DIRECT EXPENSES
All Line Items: Enter actual direct expenses in the appropriate expense accounts.

7000 INDIRECT EXPENSES
All Line Items: Enter actual indirect expenses in the appropriate expense accounts.

ADDITIONAL INCOME/EXPENSE column
 Enter the projected income and expenses to the end of the reporting year. This amount does not include what is already reported and will be added to the reported actual income /expense amounts in the reporting period column and then subtracted from the approved budget column to calculate a projected surplus or deficit for each account and in total. This section is optional per State Agency Requirements and will only appear if required by the contracting State Agency.

There are several calculated columns displayed on the right hand side of the spreadsheet. These are offered as monitoring/management tools for the provider and state agency. They will help alert for a needed budget revision and provide information about contract funding depletion rates.

SALARY DETAIL REPORT TAB

This form is used to provide actual salaries and wages information by program. When state agency personnel run the budget acceptance procedure, information transfers to the Salary Detail Report for the Position Name, Rate of Pay, Hours per Week, Annual Salary, Filing Benefit Rate, and Annual Filing Benefits. The Provider must enter the actual Total Salary and Filing

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SALARY DETAIL REPORT TAB

This form is used to provide actual salaries and wages information by program. When state agency personnel run the budget acceptance procedure, information transfers to the Salary Detail Report for the Position, Name, Rate of Pay, Hours per Week, Annual Salary, Fringe Benefit Rate, and Annual Fringe Benefits. The Provider must enter the actual total Salary and Fringe benefits only for the Reporting Period in question. This spreadsheet allows a maximum of 700 lines.

The number of available lines is controlled from the Schedule A Salaries tab. At least two lines will appear on the Salary Detail Report tab for each line available on the Schedule A Salary tab. This allows additional positions than those budgeted to be reported to be reported. If more lines are needed increase the number of lines as instructed on the Schedule A Salaries tab.

Enter the following information for each employee (automatically populated from the Schedule A Salaries tab):

PROGRAM TOTAL SALARY: Enter total salary paid to employee during the reporting period for each of the contract programs.

PROGRAM TOTAL FRINGE BENEFIT: Enter total fringe benefits paid to employee during the reporting period for each of the contract programs.

A & G TOTAL SALARY: Enter total A & G salary paid to employee during the reporting period

A & G TOTAL FRINGE BENEFIT: Enter total A & G fringe benefits paid to employee during the reporting period

OTHER NON-CONTRACT FUNDING column: If required by the contracting state agency, enter total non-contract funding for this position (column is optional by state agency and will only appear if required by state agency)

COMMENTS / NOTES Enter comments/notes for this position (see agency specific instructions)

Enter the following information for each **new** employee (**not** previously recorded on Schedule A Salaries tab) after the last existing entry on the form:

POSITION: Enter position title.

NAME: Enter employee name. If State Agency policy allows reporting of multiple position on one line report as was done on Schedule A Salaries.

RATE PER HOUR: This is a display field and shows the calculated rate of pay for the employee/position based on information entered. The formula calculation uses a metric of 52.14 weeks per calendar year unless a lower number of weeks per year is entered in the WKS/YR field.

TOTAL HOURS PER WEEK: Enter total hours of work per week. If State Agency policy allows grouping of multiple positions on a single line, enter as for Schedule A Salaries.

WKS/YR: **if less than full yr.** Enter the number of total weeks you anticipate the employee/position to work (if employee works a full year, then leave this blank)

ANNUAL SALARY: Enter the annual base salary for the employee/position. The base salary does not include any Fringe Benefits, Overtime, or other non-wages compensation.

FRINGE BENEFITS %: Enter the total fringe benefits percentage.

PROGRAM TOTAL SALARY: Enter total salary paid to employee during the reporting period for each of the contract programs.

PROGRAM TOTAL FRINGE BENEFIT: Enter total fringe paid to employee during the reporting period for each of the contract programs.

A & G TOTAL SALARY: Enter total A & G salary paid to employee during the reporting period.

A & G TOTAL FRINGE BENEFIT: Enter total A & G fringe benefits paid to employee during the reporting period.

OTHER NON-CONTRACT FUNDING column: If required by the contracting state agency, enter total non-contract funding for this position (column is optional by state agency and will only appear if required by state agency).

COMMENTS / NOTES: Enter comments/notes for this position (see state agency specific instructions).

RELATED PARTIES TAB

This form is used to provide information regarding related parties transactions. Please refer to the OPM POS Cost Standards for additional information.

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COMMENTS / NOTES: Enter comments/notes for this position (see state agency specific instructions).

RELATED PARTIES TAB

This form is used to provide information regarding related parties transactions. Please refer to the OPM POS Cost Standards for additional information.

Enter yes or no to the question regarding related party transactions. If yes, then provide the required information for associated costs reported on the Financial Report tab.

Related parties disclosed on the Agency Information tab automatically populate the appropriate field on this form. If adjustments to the **named** related parties are required, the changes must be made on the Agency Information tab.

Complete the remaining required information for each Related Party Transaction.