

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE HUMAN SERVICE PROGRAMS-PRIVATE PROVIDERS ANNUAL REPORT (DHMH 440 and DHMH 440A) INSTRUCTIONS

## General

All human service agreements are reconciled annually. The vendor is required to report all expenditures and income on the DHMH 440, Annual Report. The Division of Grants & Local Health Accounting (DGLHA) will determine the balance due to or from the Department using the Annual Report. This Annual Report is subject to audit.

The Annual Report is to be submitted within 60 days after the close of the fiscal period for which funds were awarded, usually August 31st. If the Annual Report is not received, payment will be suspended until the vendor's compliance with this reporting requirement. A report may be rejected and returned to the vendor for a technical insufficiency, which cannot or should not be corrected by the Division of Grants & Local Health Accounting.

## Unbudgeted Expenditures and Over expenditures

Certain line items in the budget are considered controlled line items. That is, expenditures for these line items may not exceed the budget by more than a specified amount. The tolerances for the controlled line items for non-local health departments are as follows:

<u>Line Items</u>	<u>Tolerances Private Providers</u>
Total salaries, consultants, special payment and fringe costs.	3% for vendors
Equipment	\$1,000 (see WIC instructions)
Purchase of Services	Greater of 3% or \$2,000 for vendors
Renovation/Remodeling	10% (except as noted below for WIC)
Third Party Income (including fee collections)	5%

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Expenditures, which exceed these tolerances, or unbudgeted expenditures in any line items, which have not been previously approved by the program administration, are subject to non-recognition. **The vendor may petition for recognition by attaching a letter of justification to the DHMH 440 which states the nature of, and a rationale for, the over expenditures and unbudgeted expenditures.** The director of the program administration may disapprove any unauthorized expenditure. Please note a shortfall in third party income requires a brief written explanation.

### **WIC PROGRAM ONLY**

Because of federal requirements, the WIC Program has imposed the following additional restrictions:

- The WIC Program must approve all purchase of data processing equipment, regardless of cost.
- Renovation/Remodeling expenditures of \$5,000 or greater must be approved by the WIC Program.
- Indirect Cost is limited to 10 percent (10%) of expended salaries and special payments payroll, not including fringe benefits.
- Total year to date expenditures must agree with the June 30th Quarterly Report submitted to the WIC Program.
- The DHMH 440 Report must be submitted to DGLHA by August 15<sup>th</sup>.

### **ADULT DAY CARE ONLY**

- Use DHMH funds only.

### **SECTION I**

Complete identifying information first. The award number is included on the contract. The DHMH award is the amount of DHMH funding identified in the contract, i.e., excluding other funding sources such as local funding. The Annual Report must bear the original signature in blue ink of the Health Officer/Executive Director and the Federal Employer ID Number.

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**SECTION II**

Complete the final approved total program budget column including all funding sources but excluding fee collections and other receipts. (These amounts must agree with your final approved budget, budget supplement, reduction, or budget modification by line item. The line items in this section are exactly the same as the Program Budget (DHMH 432) and the budget modification (DHMH 436). Put your actual total expenditures in column 2. Subtract the actual expenditures column from the total budget column to compute the variance.

**SECTION III**

Complete the actual receipts from all funding sources. The DGLHA column is for Department use only.

**SECTION IV**

DO NOT FILL IN. **This section is for Department use only.**

**DHMH 440A - PERFORMANCE MEASURES REPORT**

This schedule is to be used to detail the final count of performance measures for the fiscal year. The performance measure budget amount should reflect your final approved budget inclusive of approved supplements, reductions and/or modifications.

**MAILING**

Please mail the completed report to:

**Department of Health and Mental Hygiene  
Division of Grants & Local Health Accounting  
201 West Preston Street - Room 541  
Baltimore, Maryland 21201**

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**ASSISTANCE**

For assistance in completing the DHMH 440 please call or contact:

<b><u>NAME</u></b>	<b><u>TELEPHONE</u></b>	<b><u>PROGRAMS</u></b>
Karan Patel KPatel@dhhm.state.md.us	410-767-5131	<b>Private Providers:</b> Developmental Disabilities See List Providers (A-F)  Alcohol & Drug Abuse-See List
Antoinette S. Graves GravesA@dhhm.state.md.us	410-767-5128	<b>Private Providers:</b> Developmental Disabilities See List Providers (G-Z)  Family Health Administration & FHA-MOTA Awards-See List
Nyisha Ewell NEwell@dhhm.state.md.us	410-767-5136	<b>Private Providers:</b> Mental Hygiene Admin – See List Medical Assistance Awards-See List