

Quarterly Report Training
HSP Financial Forms

Form 440: Annual Report

Purpose

Serves as end of year financial report and reconciliation

Page 1

Section I

Self explanatory but vendors typically leave blank:

- Number 8, Contract Award Number - may be found on your contract in the upper left corner of page 2 on.
- Number 10, Reporting Period - enter the dates for the full fiscal year

Section II - Summary of Expenditures

Four columns:

- Approved Total Program Budget - these entries must mirror the budget submitted with the contract or the final budget modification approved by HSP.
- Actual Expenditures - enter actual expenditures for the entire fiscal year.
- Variance - enter Total Program Budget minus Expenditures
- All columns must be totaled.

Section III - Summary of Receipts

Complete Source of Funds/Actual Receipts through column:

- Enter all funds received from HSP through the end of quarter being reported. Include any funds carried over from the previous fiscal year.

Section IV - Reconciliation (*to be completed by HSP*)

Page 2 - Performance Measures

Vendors receiving awards sponsored by the core service agency's funding source must complete page 2.

- Performance measures must mirror those outlined in the contract. HSP will enter performance measures on vendor's disks to avoid confusion, vendor must provide corresponding data.

CHARLES COUNTY GOVERNMENT
HUMAN SERVICES PARTNERSHIP
ANNUAL REPORT (CCHSP 440)

Type of Program	Type of Performance Measure	Target for Year	Year to Date Total Date:

CCHSP Comments: