



Family-Centered Services and Supports (FCSS)

Advance Expenditure Report

Please provide a breakdown of services and supports provided with the 1st quarter advance funds that the FCFC received equal to 25% of the county's SFY21 FCSS allocation amount.

All FCSS expenditures entered on the Advance Expenditure Report must reflect the actual costs of services delivered, and must be spent by the county FCFC during SFY 2021 on services that were provided between July 1, 2020 and June 30, 2021.

Expenses can be retroactive to July 1, 2020 regardless of when the county FCFC receives the GFMS Allocation Application approval for SFY21.

Tip: Please make sure you are reporting the service dates in the date fields and NOT the dates the FCFC paid the invoices.

We understand that the county policy/procedures may be to track invoices by the date the invoice is received & paid, but we need the dates services were provided. We also understand that your FCFC will have service dates that overlap from one RR to the next, since invoices come in throughout the year for services provided during this funding period.

The Advance Expenditure Report will be optional until the 4th quarter RR deadline. The Advance Expenditure Report is required prior to submitting the first Request for Reimbursement (RR) form.

All FCFCs will be required to report expenses paid through 3/31/21 on the April RR, which is due on April 5, 2021.

Submit Forms to: OFCF@mha.ohio.gov



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Advance Expenditure Report

SFY:	Sub-Awardee:	
Enter the FCFCs Total Allocation Amount for SFY21:		
Enter the Date(s) Services Were Provided:		
to		
Services Provided with the Advance (Enter the dollar amount spent this period next to the service provided):		
Non-Clinical In-Home Parent/Child	Transportation	
Non-Clinical Parent Support Groups	Parent Advocacy	
Parent Education	Social/Recreational Supports	
Respite	Service Coordination	
Mentoring	Structured Activities	
Safety & Adaptive Equipment	Youth/Young Adult Peer Support	
Other Services (not listed above)		
Enter dollar amount:		
List the other services provided below:		
Total Advance Received (calculates based on totals entered for services above):		
Please note: The total must equal the exact amount of advance funds received, any services above and beyond the advance should be captured on the first Request for Reimbursement (RR) form. The first RR form is due along with this Advance Expenditure Report.		
Person Completing This Form (please print):	Title:	Date:
Phone Number:	E-Mail Address:	
Sub-Awardee Certification (Certification box requires signature of Administrative Agent or FCFC Coordinator/Director)		
I certify that the amounts recorded above represent expenditures in accordance with all articles of the Sub-Award and to the best of my knowledge, all requirements have been fulfilled.		
Signature:	Title:	Date:
Mailing Address:	City, State, Zip:	
Phone Number:	E-Mail Address:	