

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
HUMAN SERVICE AGREEMENTS  
ANNUAL REPORT (DHMH 440)**

**SECTION I.**

**VENDOR NAME** \_\_\_\_\_

**VENDOR ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PROJECT TITLE** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**DIRECTOR'S NAME** \_\_\_\_\_

**FEDERAL EMPLOYER ID** \_\_\_\_\_

**AWARD #** \_\_\_\_\_

**STATE FISCAL YEAR** \_\_\_\_\_

**REPORTING PERIOD** \_\_\_\_\_ **TO** \_\_\_\_\_

**TOTAL DHMH AWARD** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**BLUE INK**

**DATE** \_\_\_\_\_

**SECTION II.**

**SUMMARY OF EXPENDITURES**

LINE ITEMS MAY NOT BE CHANGED	FINAL APPROVED	ACTUAL	VARIANCE
	TOTAL PROGRAM		UNDER
	BUDGET	EXPENDITURES	(OVER)
SALARIES/SPECIAL PMTS			-
FRINGE			-
CONSULTANTS	-		-
EQUIPMENT	-		-
PURCHASE OF SERVICE			-
RENOVATION	-		-
CONSTRUCTION	-		-
REAL PROPERTY PURCHASE	-		-
UTILITIES			-
RENT			-
FOOD	-		-
MEDICINES & DRUGS	-		-
MEDICAL SUPPLIES	-		-
OFFICE SUPPLIES			-
TRANSPORT/TRAVEL			-
HOUSEKEEPING			-
MAINTENANCE/REPAIRS			-
POSTAGE			-
PRINTING/DUPLICATION			-
STAFF DEVELOPMENT/ TRAINING			-
CLIENT ACTIVITIES			-
ADVERTISING			-
LEGAL/ACCOUNTING AUDIT			-
OTHER (phone, test)			-
			-
			-
			-
			-
TOTAL DIRECT COSTS	-	-	-
INDIRECT COST			-
TOTAL	-	-	-

**SECTION III.**

**SUMMARY OF RECEIPTS**

SOURCE OF FUNDS	ACTUAL RECEIPTS	DPCA ONLY
DHMH		
OTHER STATE		
LOCAL GOVT.		
DIRECT FEDERAL		
FUND RAISING		
UNITED CHARITIES		
INTEREST		
CARRYOVER		
FOOD STAMPS		
CONTINGENCY FUND		
OTHER (SPECIFY)		
- CLIENT FEES -		
PRIVATE PAY		
MEDICAID		
MEDICARE		
INSURANCE		
SSI		
OTHER (SPECIFY)		
TOTAL	-	

**SECTION IV.**

**RECONCILIATION  
DGA USE ONLY**

**TOTAL RECEIPTS** \_\_\_\_\_

**TOTAL EXPENDITURES** \_\_\_\_\_

**VARIANCE - UNDER (OVER)** \_\_\_\_\_

**(CSA ONLY)\$TO CONTINGENCY FUND** \_\_\_\_\_

**DGA ACTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_