

# Bulletin

March 21, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

**OF INTEREST TO**

- County Directors
- Fiscal Supervisors

**ACTION/DUE DATE**

Please use these instructions and forms to prepare the Income Maintenance Expense Report starting with the quarter ending March 31, 2007.

**EXPIRATION DATE**

The policies in this bulletin are ineffective as of March 01, 2009.

**DHS ISSUES INFORMATION AND INSTRUCTIONS FOR PREPARING THE INCOME MAINTENANCE ADMINISTRATIVE EXPENSE REPORT, FORM DHS-2550****TOPIC**

Information and instructions for preparing the quarterly Income Maintenance Administrative Expense Report, DHS-2550.

**PURPOSE**

- Updates information, instructions and forms used in preparing the DHS-2550
- Replaces DHS Bulletin #00-32-02 (February 8, 2000)

**CONTACT**

David West, DHS Financial Operations Division, county human services cost accountant, at (651) 431-3782 or [david.west@state.mn.us](mailto:david.west@state.mn.us)

**SIGNED**

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CHRISTINE BRONSON  
Deputy Commissioner  
Department of Human Services

## **BACKGROUND**

Use the following information to prepare the quarterly Income Maintenance Expense Report (DHS-2550). Although the report is submitted electronically, a copy of the report (see Attachment C) is attached to this bulletin to help you follow the instructions.

This report is used by DHS in conjunction with the county's Income Maintenance Random Moment Time Study (IMRMS) data (see Bulletin #06-32-09, dated August 31, 2006) for allocation of administrative costs to income maintenance programs and computation of federal payments, where appropriate. Income maintenance programs frequently change and are updated, when appropriate, on the DHS-2550 report and on the random moment observation form.

The biggest recent change is the electronic production and submission of the DHS-2550. The 2550 can still be prepared and submitted on paper, using the report form attached to this bulletin, however, DHS hopes that all counties will use the electronic version. When there are changes affecting the 2550, a new electronic version will be sent to all counties.

## **CHANGES**

- The current version of DHS-2550, dated 1/07, must be used for electronic or paper submission starting with the quarter ending March 31, 2007. See the page 3 for details. Page changes include the county number and report quarter on each of the eight pages.
- There is new, important information for electronic report submission on the page 3 and on page B2.
- New instructions have been added for amending reports. See page 3.
- On page 4 of the report, Fraud Control Expenditures, the sub-amounts for Co-op Agreements for investigations and legal are no longer required. These costs only need to be included on the regular 6200 Services and Charges line.
- On page 5 of the report, Fraud Prevention Investigation (FPI), state approved training expenditures no longer need to be reported, but can be included as regular 6200 Services and Charges and may be reimbursed as long as they stay within the limits of your FPI Plan and Grant Application.
- On page 6 of the report, Direct Charged Programs, MAXIS Equipment Purchases, Program 27, has been deleted. There is no longer a direct charge reimbursement for MAXIS equipment purchases. Also, the EBT program on page 6 (program #44) can only be used to report EBT fees.

## **LEGAL REFERENCE**

Code of Federal Regulations, 45CFR, subparts E and G  
Minnesota Statutes, section 256.01

## **ATTACHMENTS**

- A. Instructions for completing DHS-2550, Income Maintenance Expense Report
- B. Special instructions for using the electronic DHS-2550 form
- C. Income Maintenance Expense Report DHS-2550 (1/07 edition)

## **ACTION REQUIRED**

Prepare the DHS-2550 in accordance with these instructions and submit the report to arrive at DHS within 20 days after the end of the quarter. If the report cannot be submitted within the required timeframe, call Dave West (see the contact list below).

### **E-MAIL:**

Use the electronic version 1/07 that was sent to your county and attach it to an e-mail addressed to [dhs.ssf@state.mn.us](mailto:dhs.ssf@state.mn.us). Name the report in accordance with instructions on page B2. Do not send a paper copy. Print a copy of the completed report and have it signed by the fiscal officer or human services director. Maintain this signed copy on file.

### **MAIL:**

If a paper report is necessary, contact Dave West prior to submission. Please use the "ZIP + 4" extensions to assist in our mail sorting and to ensure timely receipt. It is helpful, but not required, to list the DHS contact person as "Attn: Dave West" on the envelope.

Minnesota Department of Human Services  
DHS Financial Operations Division  
P.O. Box 64940  
St. Paul, MN 55164-0940

## **AMENDED REPORTS**

Due to the DHS allocation process and computation of federal reimbursements across programs, amended reports can pose intricate processing problems. For this reason, it is hoped that all counties will double-check their report for accuracy and completeness prior to submission. However, if a county needs to amend the DHS-2550 report, Dave West must be contacted prior to any submission.

## **CONTACT INFORMATION**

Joan Manske	(651) 431-3800	<a href="mailto:joan.manske@state.mn.us">joan.manske@state.mn.us</a>	-- federal funding from 2550
Jill Roberts	(651) 431-4464	<a href="mailto:jill.roberts@state.mn.us">jill.roberts@state.mn.us</a>	-- Child Support questions
Brian Shields	(651) 431-3937	<a href="mailto:brian.shields@state.mn.us">brian.shields@state.mn.us</a>	-- Fraud related questions
David Hanson	(651) 431-3737	<a href="mailto:david.m.hanson@state.mn.us">david.m.hanson@state.mn.us</a>	-- TANF & MFIP questions
Dave West	(651) 431-3782	<a href="mailto:david.west@state.mn.us">david.west@state.mn.us</a>	-- general questions, report submission, and late report contact

## **SPECIAL NEEDS**

This information is available in other forms to people with disabilities by contacting us at 651-431-3777 or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech-to-speech relay service).

INSTRUCTIONS FOR COMPLETING DHS-2550, INCOME MAINTENANCE EXPENSE  
REPORT

GENERAL INFORMATION

**1000 Account - Depreciation of Capital Assets:** Equipment having a unit acquisition cost of \$25,000 or more must be depreciated. The same holds true for capital improvements.

**4000 Account - Revenue Used to Reduce Expenditures:** Enter on this line revenue that reduces administrative costs such as any reimbursement received while on jury duty, insurance rebates, etc. Also, include the selling of county human services assets where federal financial participation (FFP) was previously claimed.

**6100 – 6800 Accounts:** Definitions of Accounts 6100 to 6800 are located in the County Financial Accounting and Reporting Standards (COFARS) Manual Section 5600.

SPECIAL INSTRUCTIONS

**Page 1 - IM – Holding Salary and Fringe:** Enter on the 6100 account line personnel costs of employees currently being sampled under the Income Maintenance Random Moment Study (IM-RMS). If costs are entered on the 6200 account line for services and charges, there must be costs on 6100. Enter on the 4000 account line revenue that reduces administrative costs.

**Page 2 - Schedule of Supporting Information - Child Support Program:**

Enter the detail information on this page of the 6200 account.

6200 Services and Charges:

Co-op Agreements (County Attorney) - IV-D services and related legal representation provided to the agency by a Minnesota County Attorney's office pursuant to a written agreement/contract approved by DHS, Division of Child Support Enforcement.

Co-op Agreement (Sheriff's Dept.) - IV-D services provided to the agency by the county sheriff pursuant to a written agreement/contract approved by DHS, Division of Child Support Enforcement.

Co-op Agreement (Court Administrator) - IV-D services provided to the agency by the Court Administrator pursuant to a written agreement/contract approved by DHS, Division of Child Support Enforcement.

Other Eligible Expenditures - Other approved direct IV-D expenditures that qualify for regular IV-D reimbursement. This category should be used for expenditures that can be traced directly to the IV-D program.

State Approved Genetic Costs - Approved genetic testing costs related to determination of paternity in IV-D cases. The genetic testing costs can be claimed only with a vendor approved by DHS, Division of Child Support Enforcement pursuant to a written agreement/contract.

4000 Revenues:

PRISM Revenue used to Reduce Expenditures – Most revenue used to reduce expenditures is generated by the PRISM System. These fees and service charges, including genetic fees, will be entered by DHS using InfoPac report QQ460302 – Child Support Fee Activity Quarterly Summary. Therefore, these revenues are not listed on the 2550.

Other Revenue - County Adjustments (Exclude Incentives) – This includes revenue the IV-D program would earn that would be eligible as IV-D program income, interest on IV-D bank account balances and other general income to a specific case, and cost recoveries from IV-D participants. Also report the proceeds from selling of county IV-D assets where federal financial participation (FFP) was previously claimed.

Revenue Received For Genetic Determination - This is revenue that the county received for charging IV-D participants a fee or cost recovery in the determination of paternity. This revenue is used to reduce the cost of genetic determination.

**Page 3 - Child Support Expenditures:** Enter on this page all expenditures for 6100 – 6800 Accounts that exclusively benefit the Child Support Program.

NOTE: The total amount shown in the 6200 Account on page 2 must agree with the total 6200 Account amount on page 3.

**Page 4 - Fraud Control Expenditures:** Enter personnel and other service related costs for 6100 – 6800 Accounts associated with the investigation and/or prosecution of welfare fraud. DHS Financial Operations will compute program allocations based on statewide statistical summaries of fraud report submissions. Exclude costs that are covered under an approved FPI Plan and Grant Application and claimed on page 5. Enter on the 4000 account line revenue that reduces administrative costs. The following special instructions apply.

6100 Personal Services:

Include only agency staff that are classified within their personnel systems as investigators and work under official position descriptions that describe tasks related to fraud control and prevention activities.

6200 Services and Charges:

In addition to normal services and charges, also include costs from cooperative agreements for welfare fraud investigation services and fraud prosecution and related legal representation services provided to the agency pursuant to a written agreement or contract.

**Page 5 - Fraud Prevention Investigation (FPI):** Enter personnel and other direct costs for 6100 – 6800 Accounts that the DHS Program Integrity Section has pre-approved as part of a FPI Plan and Grant Application. Costs on this page qualify for state share reimbursement up to the limits approved in the FPI Plan and Grant Application. DHS Financial Operations will compute program allocations based on statewide statistical summaries of fraud report submissions. Enter revenue that reduces administrative costs on the 4000 account line. The following special instructions apply.

**6100 Personal Services:**

Include only salary and fringe of agency staff who are classified within their personnel systems as investigators and perform fraud prevention investigation tasks.

**6200 Services and Charges:**

For Cooperative Agreements (contract investigation services), report fraud prevention investigation services provided to the agency by organizations (private or governmental) pursuant to a written agreement or contract. Training costs are no longer reported separately, but can still be claimed as normal services and charges as long as the costs stay within the limits of your FPI Plan and Grant Application.

**6400 Direct Material and Supplies:**

Costs must be directly attributable to FPI program staffing and pre-approved as part of FPI Plan and Grant Application Budget.

**6800 Other Federal Participation Expenditures:**

Use only for expenditures that have been approved for specific purposes by the DHS Program Integrity Section.

**Page 6 - Other Direct Costs:** You must complete a separate page 6 for each program that has direct administrative costs not identified on any of the preceding pages. Please be sure to check only one program on the program line. See Attachment B, page B2 for special instructions.

Enter personnel and other direct costs for 6100 – 6800 Accounts in each program. Enter on the 4000 account line revenue that reduces administrative costs in each program. The following special instructions apply.

Program 43 (MFIP Consolidated Fund) should only be used to report costs that will also be reported on the DHS-2902 . Counties must receive prior approval from DHS before using this code to identify Income Maintenance costs to be reported on the DHS-2902.

Program 44 (EBT) should only report fees collected by the county. Use line 6800 for this purpose. The amount reported will be billed to the county on the monthly invoice. Do not report any other amounts on this page. If a county has any actual direct charge amounts (not fees) for EBT, contact DHS (Dave West) at 651-431-3782.

NOTE: Copy and use page 6 as often as needed. Specify only one program per page. If using the electronic form, be sure to follow the special instructions in Attachment B.

**Page 7 - Income Maintenance Overhead Administrative Expenditures:** Enter on this page the Income Maintenance Section share of general administrative support costs for the 6100 – 6800 Accounts. These costs should include the Director's and Fiscal Supervisor's salaries as well as other administrative expenses. If costs are entered under any lines, 6200 through 6800, there must be costs on 6100. Enter on the 4000 account line revenue that reduces the administrative costs.

**Page 8 – Certification Page:** This page must be signed by the Fiscal Officer or Human Services Director certifying the accuracy of the data on the DHS-2550.

## INSTRUCTIONS FOR USING THE ELECTRONIC DHS 2550 FORM

This form is created in Microsoft Excel 2002, and is an alternative to the DHS-2550 that county staff can submit in paper form. The design of this MS Excel-based form has been modified to facilitate automated data entry into the DHS cost allocation system.

The form is designed to resemble the original paper form. You will enter your data on pages 1 – 8 of the form following the instructions in Attachment A. Behind the scenes, a separate, hidden page in the workbook will automatically record your entries in a format that can be read by DHS's automated process.

The instructions below address only the technical aspects of entering data on the automated 2550 form. When you open the file, you may receive a dialog box asking if you want to enable macros. If you get this box, be sure to check the "Enable Macros" option. If you do not enable the macros, many of the features of this worksheet will not work properly. See pages B3 through B5 for more information on enabling macros.

**Page 1**

- Make sure you have saved a copy of the previous quarter's report.
- Click on the "Clear form for new quarter" button. This will erase any remaining old data from the workbook and prepare it for the new quarter's entries.
- Enter your county number and the quarter end date in the format MM/DD/YYYY. (Example: 03/31/2007) These are required fields and will automatically be filled-in on all subsequent pages.
- Enter amounts according to instructions in Attachment A. The total amount will be calculated automatically as you make your entries.

**Page 2**

- Enter amounts according to instructions in Attachment A. The subtotal and total amounts will be calculated automatically as you make your entries.

**Page 3**

- The amount for Program 12, Account 6200 "Services and Charges" will automatically be carried over from page 2.
- Enter remaining amounts according to instructions in Attachment A. The total amount will be calculated automatically as you make your entries.

**Page 4**

- Enter amounts according to instructions in Attachment A. The subtotal and total amounts will be calculated automatically as you make your entries.

**Page 5**

- Enter amounts according to instructions in Attachment A. The subtotal and total amounts will be calculated automatically as you make your entries.

## Page 6

- You will be using this page to enter data for several different programs. Click on the “radio button” next to the program for which you would like to enter expenditures.
- Enter program amounts for any or all of the six accounts: 6100, 6200, 6400, 6600, 6800, and 4000.
- The total will be calculated automatically.
- After entering data for Account 4000, be sure to press the tab key to move your cursor off of the last field.
- Click the “Save Data” button. This will save the data for the selected program, and clear the amount fields so you can select a new program. You must click the save button even if you are only entering data for one program. Your entries will not be saved until you click this button.
- You should see the screen flicker briefly when you click the Save button. If you don’t see the flicker, make sure you have tabbed off of the last data entry field, and then click the Save button again.
- Your saved data will be displayed in the grid at the bottom of the page, and will also be saved to the hidden worksheet that is read by the DHS system.
- Use the “radio buttons” to select the next program, and repeat the steps above to enter amounts.
- If you want to make a change to the data you have entered for a specific program, use the radio buttons to select the program and enter **all** of the data for that program again. Enter zeros to cancel out any incorrect entries. To completely delete your entries for a program, use the radio buttons to select the program and then enter zeros for all of the line items. Then click the Save button.

Please note that simply correcting the amounts in the “View of Saved Values” at the bottom of the screen will not make the corrections. This view is provided for your information only. You must enter data on the form and click the Save button in order to successfully record your correction. See pages B6 and B7 for a more complete walk-through of how to make a correction on form Page 6.

## Page 7

- Enter amounts according to instructions in Attachment A. The total amount will be calculated automatically as you make your entries.

## Page 8

- Enter complete contact information as requested on the form. The “Completed by,” and “Phone No,” fields are required.
- Click the “Check for Errors” button to verify that you have entered data in the required fields.
- Print out a copy of the form and have it signed by the fiscal officer or human services director. You must maintain a signed copy on file.
- Save a copy of the spreadsheet with a name in the following format:

**CountyName\_2550\_MonthYear.xls.**

For example, the file for Polk County for the January – March 2007 quarter would be:  
Polk\_2550\_March2007.xls.

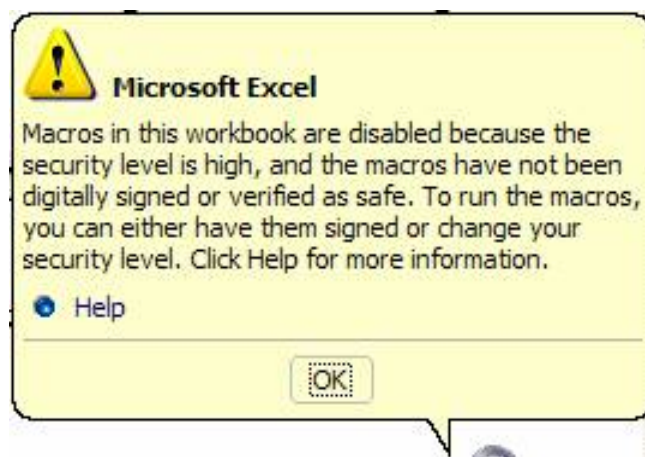
This is the file that you should send attached to an e-mail to DHS. Send the e-mail to:  
[dhs.ssf@state.mn.us](mailto:dhs.ssf@state.mn.us)

- Use the original file as a template for the following quarter.



## Enabling Macros

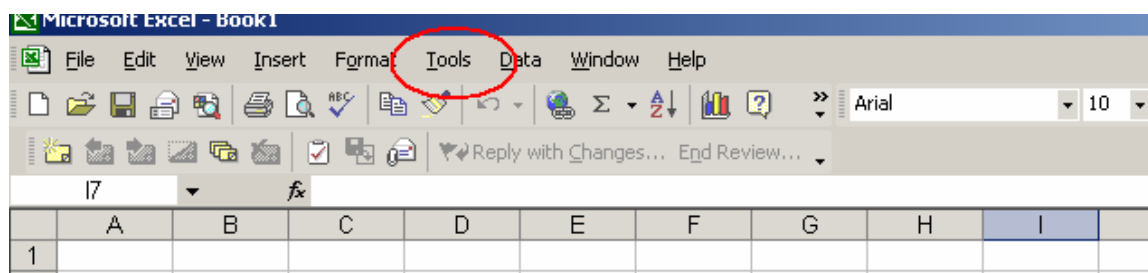
When using the new electronic DHS-2550 (1/07 version), some users are receiving the following message:



In order to enable the macros, you will need to modify your security settings in your excel application to set macro security to **Medium**. After you complete the 2550 form you can reset your security to High if you wish.

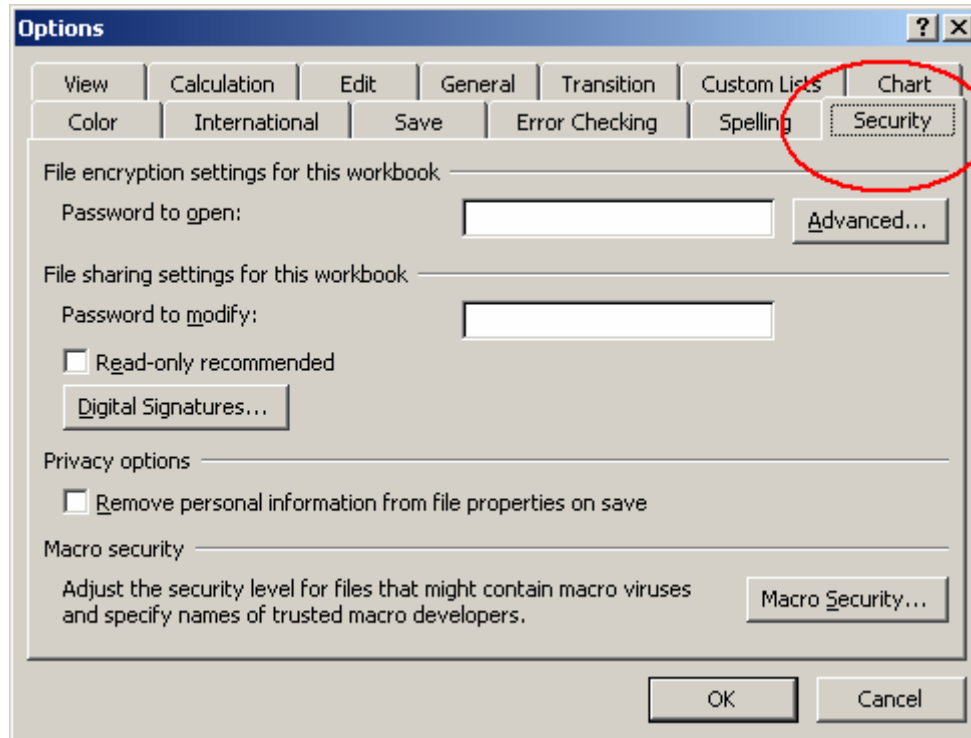
To reset your security level, do the following steps:

1. **Ensure the electronic 2550.xls workbook is closed.**
2. **From Excel, click on the “Tools” menu.**

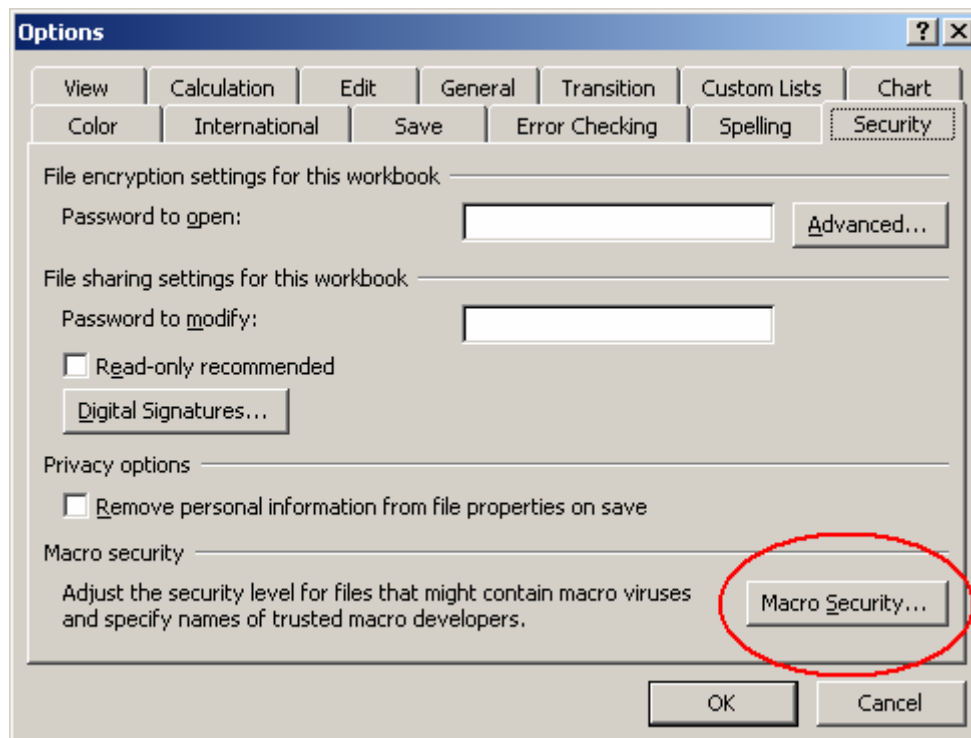


3. **Select “Options” from the menu choices.**

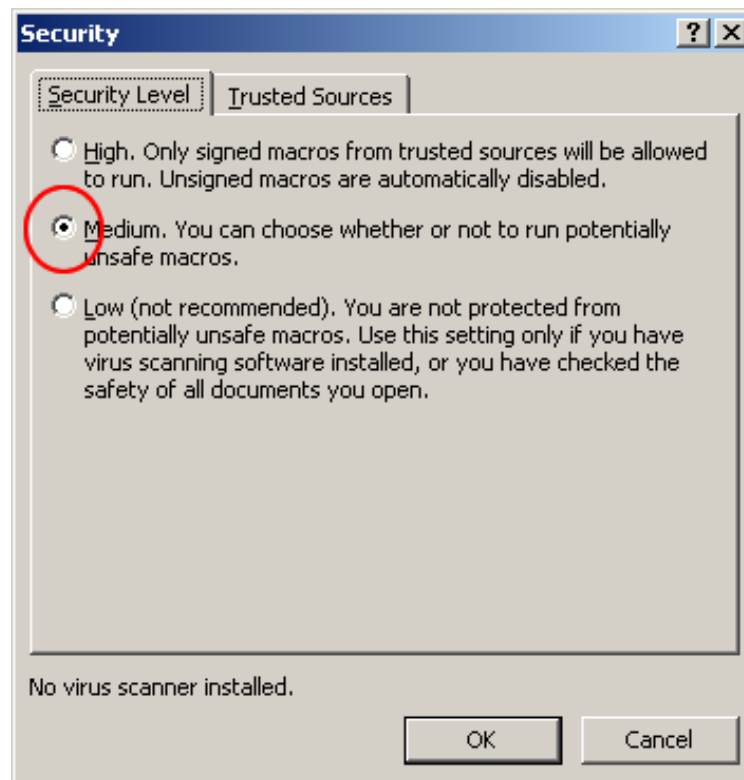
4. Click on the “Security” tab.



5. Click on the “Macro Security” button.

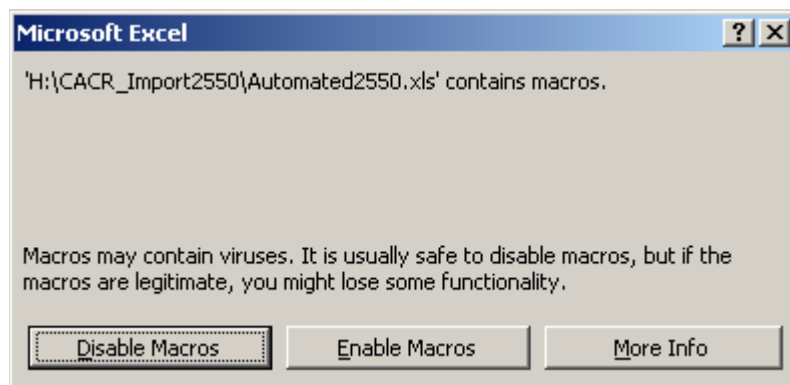


**6. Select “Medium.”**



**7. When you finish completing the 2550 form, repeat the steps above to reset security to high, if you wish.**

With macro security set to medium, you will still receive the following warning message when you open the file:



Select “Enable Macros” in order to use the file.

## Making Corrections on Page 6

The accountant at Frostbite County has entered \$99,999 for Program 3, Account 6100 on page 6 of the DHS- 2550. The amount shows in the “View of Saved Values” at the bottom of the page, as follows:

View of Saved Values:	
	Program: <u>3</u> <span style="margin-left: 50px;">7</span>
6100 Personal Services	<u>99,999</u>
6200 Services and Charges	
6400 Direct Material and Supplies	
6600 Capital Outlay	
6800 Other Eligible Federal Participation Exp	
4000 Revenue used to reduce expenditures	

After making this entry, the accountant realizes that this amount should have been entered for Program 7 instead of Program 3. To fix this error the following must be done:

1. Select program 3 again
2. Enter 0 as the amount for Account 6100
3. Click the Save Button

**PROGRAM NUMBER\***

<input checked="" type="radio"/> 03	MA	(Medical Assistance)
<input type="radio"/> 07	PMAP	(Prepaid Medical Assistance)
<input type="radio"/> 08	CPB	(County Based Purchasing)
<input type="radio"/> 11	TANF	(TANF MFIP ADMIN)
<input type="radio"/> 15	FS	(Food Support)
<input type="radio"/> 27	MAXIS	Equipment purchases
<input type="radio"/> 29	OTHER	(Non-federal programs) Example: GA, MSA, etc.
<input type="radio"/> 43	MFIP CF	(MFIP Consolidated Fund)
<input type="radio"/> 44	EBT	(Electronic Benefit Transfer Fees)
<input type="radio"/> 50	MAXIS	(MAXIS Certified Mail)

**USE A SEPARATE (PAGE 6) FOR EACH PROGRAM**

6100	Personal Services	0
6200	Services and Charges	_____
6400	Direct Material and Supplies	_____
6600	Capital Outlay	_____
6800	Other Eligible Federal Participation Exp	_____
		<b>TOTAL \$</b> 0

\*Check appropriate program

**Revenue Used to Reduce Expenditures**

4000	Revenue used to reduce expenditures	\$ _____
------	-------------------------------------	----------

**Don't forget to click on the "Save Data" button when you are done with each program!**

Enter a zero to cancel the incorrect entry. Then click the Save button.

Rem  
"tab  
last  
click  
Save  
butt

4. Select Program 7 and follow the normal steps for entering a new amount.

When finished, the amounts will be correct in the grid at the bottom of the page.

View of Saved Values:		
		Program: _____
		3 7
6100	Personal Services	0 99,999
6200	Services and Charges	
6400	Direct Material and Supplies	
6600	Capital Outlay	
6800	Other Eligible Federal Participation Exp	
4000	Revenue used to reduce expenditures	

**Note: do not attempt to manually change the amount showing in the “View of Saved Values.” This view is provided for your information only; the DHS system that reads your data is reading from a hidden data sheet, and the only way to update the data sheet is to use the Save button. If you try to make a change in the view you will get a message saying that the worksheet is protected. Please do not remove the protection from the worksheet.**

# ATTACHMENT C

*All amounts reported should be rounded to the nearest dollar*

DHS 2550 (1/07)  
Page 1

## "Income Maintenance" Expense Report

County No. \_\_\_\_\_ Quarter Ending \_\_\_\_\_

### **IM-Holding Salary and Fringe**

To be used by counties for "RMS" sampling

**PROGRAM  
NUMBER**

01      \*6100      Personal Services

\_\_\_\_\_

01      6200      Services and Charges

\_\_\_\_\_

(there must be costs on 6100 to have costs on this line)

**TOTAL \$**

\_\_\_\_\_

\*6100      Include Salary and Fringe benefits for employees currently being sampled under the  
Income Maintenance Random Moment Study (IM-RMS)

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01      4000      IM Holding

\$ \_\_\_\_\_

*All amounts reported should be rounded to the nearest dollar*

DHS 2550 (1/07)

Page 2

County No. \_\_\_\_\_ Quarter Ending \_\_\_\_\_

## **Schedule of Supporting Information - Child Support Program**

### **PROGRAM NUMBER**

6200 Services and Charges:

Co-op Agreement (County Attorney)

\_\_\_\_\_

Co-op Agreement (Sheriff's Dept.)

\_\_\_\_\_

Co-op Agreement (Court Administrator)

\_\_\_\_\_

Other Eligible Federal Participation Exp

\_\_\_\_\_

12

Sub-Total \$ \_\_\_\_\_

32

State Approved Genetic Costs

\_\_\_\_\_

*Acct. 6200 Must Agree With Amt. Shown on Page 3*

**TOTAL \$** \_\_\_\_\_

---

### **Other Revenue Not Recorded in PRISM**

12

4000

Other Revenue - Co. Adjustments

\$ \_\_\_\_\_

32

4000

Revenue Received For Genetic Determination

\$ \_\_\_\_\_

***All amounts reported should be rounded to the nearest dollar***

DHS 2550 (1/07)

Page 3

County No. \_\_\_\_\_

Quarter Ending \_\_\_\_\_

## **Child Support Expenditures**

**PROGRAM  
NUMBER**

12            6100        Personal Services

\_\_\_\_\_

\*6200        Services and Charges

\_\_\_\_\_

12            6400        Direct Material and Supplies

\_\_\_\_\_

12            6600        Capital Outlay

\_\_\_\_\_

12            6800        Other Eligible Federal Participation Exp.

\_\_\_\_\_

55            6800        Non Eligible Federal Participation Exp.

\_\_\_\_\_

**TOTAL \$**

\_\_\_\_\_

**\*6200        *Same as total on Page 2***



***All amounts reported should be rounded to the nearest dollar***

DHS 2550 (1/07)

Page 4

County No. \_\_\_\_\_

Quarter Ending \_\_\_\_\_

## **Fraud Control Expenditures**

### **PROGRAM NUMBER**

30	6100	Personal Services Only salary and fringe of agency staff who are classified within their personnel system as investigators and perform fraud investigation tasks.	_____
30	6200	Services and Charges	_____
30	6400	Direct Material and Supplies	_____
30	6600	Capital Outlay	_____
30	6800	Other Eligible Federal Participation Exp	_____
<b>TOTAL \$</b>			<b>_____</b>

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## **Revenue Used to Reduce Expenditures**

30	4000	\$ _____
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**All amounts reported should be rounded to the nearest dollar**

DHS 2550 (1/07)

Page 5

County No. \_\_\_\_\_ Quarter Ending \_\_\_\_\_

**Fraud Prevention Investigation (FPI) Program**

(All costs on this page qualify for a state share reimbursement pursuant to limits approved in the agency FPI Plan and Grant Application and must be excluded from the Income Maintenance "RMS Sampling")

**PROGRAM  
NUMBER**

40	6100	Personal Services.	_____
		Only salary and fringe of agency staff who are classified within their personnel system as investigators and perform FPI Program tasks.	

	6200	Services and Charges.	_____
		Co-op Agreements (contract FPI services)	_____

40		Sub-Total (6200 Only) \$	_____
----	--	--------------------------	-------

40	6400	Direct Material and Supplies	_____
----	------	------------------------------	-------

40	6600	Capital Outlay	_____
----	------	----------------	-------

40	6800	Other Eligible Federal Participation Exp	_____
----	------	------------------------------------------	-------

		<b>TOTAL \$</b>	_____
--	--	-----------------	-------

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**Revenue Used to Reduce Expenditures**

40	4000	\$	_____
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**All amounts reported should be rounded to the nearest dollar**

DHS 2550

(1/07)

Page 6

County No. \_\_\_\_\_ Quarter Ending \_\_\_\_\_

All expenditures claimed on this page must be 100% DIRECT CHARGED

Program 44 should only report EBT fees. See page A3 of the current bulletin.

**PROGRAM**

**NUMBER\***

- ☐ 03 MA (Medical Assistance)
- ☐ 07 PMAP (Prepaid Medical Assistance)
- ☐ 08 CPB (County Based Purchasing)
- ☐ 11 TANF (TANF MFIP ADMIN)
- ☐ 15 FS (Food Support)
- ☐ 29 OTHER (Non-federal programs) Example: GA, MSA, etc.
- ☐ 43 MFIP CF (MFIP Consolidated Fund) - reimbursed through the DHS-2902
- ☐ 44 EBT (Electronic Benefit Transfer Fees) -enter on 6800 only
- ☐ 50 MAXIS (MAXIS Certified Mail)

**USE A SEPARATE (PAGE 6) FOR EACH PROGRAM**

6100	Personal Services	_____
6200	Services and Charges	_____
6400	Direct Material and Supplies	_____
6600	Capital Outlay	_____
6800	Other Eligible Federal Participation Exp	_____

**TOTAL \$** \_\_\_\_\_

\*Check appropriate program

**Revenue Used to Reduce Expenditures**

4000 \$ \_\_\_\_\_

**All amounts reported should be rounded to the nearest dollar**

DHS 2550 (1/07)

Page 7

County No. \_\_\_\_\_

Quarter Ending \_\_\_\_\_

### **I.M. Overhead Administrative Expenditures**

**PROGRAM  
NUMBER**

02	6100	Personal Services (there must be costs on this line to have costs on the lines below)	_____
02	6200	Services and Charges	_____
45	6200	Services and Charges (Not Eligible for Federal Participation)	_____
02	6400	Direct Material and Supplies	_____
02	6600	Capital Outlay	_____
02	6800	Other Eligible Federal Participation Exp	_____
45	6800	Non Eligible Federal Participation Exp	_____
			<b>TOTAL \$</b> _____
02	1000	Depreciation of Capital Assets	\$ _____

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### **Revenue Used to Reduce Expenditures**

02	4000		\$ _____
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This is to certify that the expenditures reported are true and correct to the best of my knowledge

County No. \_\_\_\_\_

Quarter Ending \_\_\_\_\_

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone No. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Fiscal Officer or Human Services Director

\_\_\_\_\_