

Delegate Agency Claim

(Hot Sheet)

CF/F-7 Revised 1/14

(mandatory)

This form is used by Delegate Agencies to document monthly expenditures and encumbrances. Each Delegate Agency is required to submit this form to the Grantee every month (see contract for due dates and further details). The Grantee reviews and approves this report and payment to Delegate Agency is processed accordingly.

1. General Information: Selects agency's name from the drop down menu provided on the first tab for the year. After this is selected for the first month the remaining months will prepopulate. Input program type (e.g. RHS, EHS, MHS, MEHS, etc), and fiscal year. Select reported funding from the drop down menu provided on the first month; after this is selected for the first month the remaining months will prepopulate. If your Microsoft Office Version does not allow for drop down menus please input one of the following under Reported Funding: Basic, T&TA, One-Time Funds, Blended (Federal Portion), Blended (State Portion), SU/CD, or Specialized Services. Next, select the type of claim being submitted from the drop down menu provided (Monthly or Final).
2. Approved Budget: Enter the approved budget amount. Total approved budget on this form must equal Grantee-approved budget amount on file. If a budget revision is in process, a notation should be made but changes should not be made until Grantee approves Budget Revision Request.
3. Total Previous Claims: "Total Previous Claims" of the reporting month **must** equal to "Total Claims to Date" of previous month. Please note that "Total Previous Claims" should be ZERO if the reporting month is the first month of program year. The claim spreadsheet is set up to prepopulate this.
4. Current Month Activity: "Current Month Activity" is equal to "Total YTD Claims" minus "Total Previous Claims." This is column is protected because it is automatically calculated.
5. Total YTD Claims: Enter the current YTD expenditures amount. Please note that total YTD claims must not exceed the approved budget amount. Make sure that expenditures are reported in the appropriate categories. Ledger back-up reports should be attached to verify, by claim line item, the "Total YTD Claims" amount reported.
6. Budget Balance: Summary by category only (6a, 6b, 6c, etc.), "Budget Balance" of each category is equal to "Approved Budget" of each category minus "Total YTD Claims" of each category (e.g. Certificated + Classified Personnel "Approved Budget" – Certificated + Classified Personnel "Total YTD Claims" = 6a "Budget Balance"). This is automatically calculated.
7. Total amount of encumbered/obligated expenses: Report the amount of encumbered expenses (excluding 6a and b) as of the end of the month of the report. This is the total amount of all the purchase orders issued, but not yet paid. If your ledger back-up report does not include this figure, provide a report showing how the amount was determined.
8. Administrative Costs must be reported on this form in the same manner as #2 - #6 above, except that only one total dollar amount is necessary for each column. Also, Non-Federal Share administrative costs must also be included amounts reported.
9. Number of meals for the month will be the total number of breakfasts, lunches and snacks served in the claim month. For example, if the claim is for the month of June, the number of meals served in the month of June should be reported here. If the delegate reports their meals in COPA this section does not need to be completed, the box just needs to be checked that states "Meals are Reported in COPA."
10. Program Income and other revenue (e.g. Food Program) must be reported on this form if applicable. "Previous Claim" or the reporting month must equal to "Total" of previous month.

11. This form must be signed by an authorized delegate agency official.
12. Submit this form to Grantee for approval with appropriate back-up documentation as noted in #4 & #5. Keep copy in delegate files.