

Program Income

| 16. Source of Program Income | 17. Description of Services Provided that generated Program Income and how Program Income was spent. | 18. Program Income Earned | 19. Program Income Expended | 20. Unexpended Program Income (Surplus) |
|------------------------------|--|---------------------------|-----------------------------|---|
| | n/a | | | |
| Totals | | | | |

I agree to the terms of this Contractor's Release, Match and Program Income Final Report on behalf of Contractor, as authorized by Contractor, and certify that to the best of my knowledge, the information documented on this form is accurate and true.

Authorized Signature: *Sally Sue* Date: 8/15/2012

21. Printed Name, Title: Sally Sue, CEO

22. Party responsible for storage of records: _____

Printed Name: Richard Rich, Operations Officer
 Address: 123 First Street
Anywhere, Texas 77777
 Phone Number: 512-222-2222

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| Totals | | | | |

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Authorized Signature

Sally Sue

21. Printed Name, Title: Sally Sue, CEO

8/15/2012

Date

*Information on the Contractor's Release, Match and Program Income Final Report must be consistent with information on the final FSR. (if applicable)

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DSHS Substance Abuse Sub-Recipient Contracts - Contractor's Release, Match and Program Income Final Report

This Contractor's Release is made for the benefit of the Department of State Health Services (DSHS) by

1. Contractor Name: Substance Abuse Provider A
 2. DSHS Program/Region/Curriculum: SATRA/Region 6
 3. Program Attachment ID: 2012-012345-003

DSHS and the Contractor entered into the Program Attachment listed above. By the execution of this Contractor's Release, Match and Program Income Final Report, the Contractor agrees that upon payment by DSHS of the remaining balance(s) of properly billed Program Attachment amounts for allowable costs or fees, the Contractor's Release, Match and Program Income Final Report, and discharges DSHS, its officers, agents, and employees of and from all liabilities, obligations, claims, and demands. In case of a conflict between the terms contained in this Contractor's Release and the cited Program Attachment, the terms of this Contractor's Release shall govern. No provisions of this Contractor's Release, Match and Program Income Final Report shall be construed as relieving the Contractor of liability for costs ultimately disallowed or overpaid as a result of financial and/or compliance audits of the Contractor's program.

4. Record interest earned on DSHS funds in excess of \$100(State/Federal Contractors) or \$250(Non-profit Contractors) if under, enter n/a. \$ 345.86

Match

| 5. Funding Type | 6. Source of Revenue/Contribution | 7. Description of Services Provided / Describe Benefit to Program | 8. Non-DSHS Funding, Program Income Collected, In-Kind Match- Cumulative | 9. Non-DSHS Funding (cash match) expended and utilized to meet Required Match | 10. In-Kind Match Contributions Utilized to meet Required Match | 11. Program Income Expended and approved to meet Required Match | 12. Total Utilized to meet Required Match | 13. Total not Utilized to meet Required Match |
|-----------------|-----------------------------------|---|--|---|---|---|---|---|
| Local Funding | St. Luke's Church | Annual cash donation used to fund allowable supplies and materials related to prevention activities for youth participants. Activities were necessary and reasonable for this curriculum. This funding was utilized instead of billing DSHS and is recorded in the cost center for this program. | 1,123.22 | 1,123.22 | | | 1,123.22 | - |
| Local Funding | United Way | Annual cash grant used to fund allowable supplies and materials related to prevention activities for youth participants. Activities were necessary and reasonable for this curriculum. This funding was utilized instead of billing DSHS and is recorded in the cost center for this program. | 2,500.00 | 2,500.00 | | | 2,500.00 | - |
| Other | Local Volunteers | Local volunteers provided assistance with planning and preparation for curriculum activities. The value of in-kind contributions are recorded in separate ledger for reporting purposes. Time sheets are maintained to document hours work and activities. Volunteers were utilized during peak work loads and periodically during the year to keep payroll low. 162 hours were provided by volunteers and valued at \$9/hour which is the going rate for office staff in our area. | 1,296.00 | | 1,296.00 | | 1,296.00 | - |
| Other | Program Income | Program income from client payments based on sliding scale was approved to be utilized for match by Contract Manager on 8/11/10. See email attached. This funding allows additional clients to be served or existing clients to receive additional services. | 3,221.00 | | | 1,225.78 | 1,225.78 | 1,995.22 |
| Totals | | | 8,140.22 | 3,623.22 | 1,296.00 | 1,225.78 | 6,145.00 | 1,995.22 |

Total reported to meet Required Match 6,145.00

| | |
|-----------------------------------|---------------|
| Required Match Calculation | |
| 14. Percent | 5.0% |
| 15. DSHS Reimbursed Amount | \$ 122,900.00 |

Calculated Required Match 6,145.00
 Match Has Been Met

Program Income

| 16. Source of Program Income | 17. Description of Services Provided that generated Program Income and how Program Income was spent. Clients received DSHS substance abuse treatment services and paid based on sliding scale due to income. This income was used to offset allowable costs of the program. | 18. Program Income Earned | 19. Program Income Expended | 20. Unexpended Program Income (Surplus) |
|-----------------------------------|---|---------------------------|-----------------------------|---|
| Medicaid | Some DSHS Clients received substance abuse Medicaid services during treatment. This income was used to offset allowable costs of the program. | 8,532.00 | 8,532.00 | |
| Client's payments - Sliding Scale | Clients received DSHS substance abuse treatment services and paid based on sliding scale due to income. This income was used to offset allowable costs of the program. | 3,221.00 | 3,221.00 | |
| Totals | | 11,753.00 | 11,753.00 | |

I agree to the terms of this Contractor's Release, Match and Program Income Final Report on behalf of Contractor, as authorized by Contractor, and certify that to the best of my knowledge, the information documented on this form is accurate and true.

Authorized Signature: *Sally Sue* Date: 8/15/2012

21. Printed Name, Title: Sally Sue, CEO Date

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22. Party responsible for storage of records:

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