

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

SECTION I.

LOCAL HEALTH DEPT:	0
ADDRESS:	0
CITY, STATE, ZIPCODE:	0
PROJECT TITLE:	0
TELEPHONE #:	0

CONTACT PERSON:	
FEDERAL I.D. #:	0

SECTION II:

Total	0.00	0.00	0.00
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SUMMARY OF EXPENDITURES

Line Items	Final Approved	Actual	Variance
	Total Program Budget		
1 Salaries			0.00
2 FICA			0.00
3 Retirement			0.00
4 Def Compensation			0.00
5 Health Insurance			0.00
6 Retiree Health Insurance			0.00
7 Unemployment Insurance			0.00
8 Workmen's Compensation			0.00
9 Overtime Earnings			0.00
10 Additional Assistance			0.00
11 Adjustments			0.00
12 Special Payments Payroll (SPP)			0.00
13 FICA-Special Payments Payroll			0.00
14 Unemployment Insurance - SPP			0.00
15 Contractual Services - Other			0.00
16 Postage			0.00
17 Telephone			0.00
18 In-state Travel			0.00
19 Out-of-State Travel			0.00
20 Training			0.00
21 Stipend/Tuition			0.00
22 Electricity			0.00
23 Water			0.00
24 Utilities - Combined			0.00
25 Gas and Oil			0.00
26 Insurance & Title			0.00
27 Vehicle Maintenance & Repair			0.00
28 Advertising			0.00
29 Ambulance Service			0.00
30 Personnel Investigations			0.00
31 Contractual Labor			0.00
32 Repairs			0.00
33 Photocopier Rental			0.00
34 Equipment Service			0.00
35 Software			0.00
36 Software Maintenance			0.00
37 Maintenance			0.00
38 Housekeeping			0.00
39 Indirect Cost			0.00
40 Laboratory Services			0.00
41 Photography (Commercial)			0.00
42 Printing			0.00
43 Purchase of Care			0.00
44 Trash Disposal			0.00
45 Human Service Contracts			0.00
46 Special Projects			0.00
47 Cleaning Supplies			0.00
48 Educational Supplies			0.00
49 Food			0.00
50 Medicine, Drugs and Chemicals			0.00
51 Medical Supplies			0.00
52 Office Supplies			0.00
53 Paper Articles			0.00
54 Computer Equipment			0.00
55 Office Equipment			0.00
56 Personal Computer Equipment			0.00
57 Medical Equipment			0.00
58 Office Equipment			0.00
59 Dues & Memberships			0.00
60 Insurance			0.00
61 Rent			0.00
62 Subscriptions			0.00
63 Other (Attach Detail)			0.00

LOCAL HEALTH DEPARTMENTS

GRANT NUMBER:	0
FISCAL YEAR:	0
AWARD PERIOD:	0
TOTAL DHMH AWARD:	0

SIGNATURE: (Blue Ink) _____

DATE: _____

SECTION III:

SUMMARY OF RECEIPTS

Source of Funds	Actual Receipts	DGLHA Only
DHMH STATE PAID EXPEND.		
Other State		
Local Government		
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	0.00	

SECTION IV:

RECONCILIATION (DGLHA Use Only)

Total Receipts	0.00
Total Expenditures	0.00
Variance - Under/(Over)	0.00

(CSA Only) \$ To Contingency Fund _____

DPCA Action: _____

BY: _____

DATE: _____