**FINANCIAL STATUS REPORT (FSR) INSTRUCTIONS**

Michigan Department of Community Health

Complete top portion of report with agency contact information:

* FE ID Number
* Contract Number
* Date Prepared
* Program (protected cell)
* Agency Name
* Address
* City, State, Zip Code
* Report Period (identify quarter of which you are reporting)
* Agreement Period (protected cells)

The bottom portion of the report identifies quarterly expenditures, budget, and current balance. This section is broken into categories within funding sources (i.e. Community Grant, Prevention, SDA, PFS II, etc). Previously reported quarterly expenditures and budget amounts must reflect the amount that was submitted and approved. If previous quarterly expenditures or budget amounts do not match approved amounts, FSR will be rejected back to agency to make appropriate corrections.

Example: When reporting 2nd quarter expenditures, the first quarter expenditure column should be populated with expenditures that were previously approved by the Contract Manager and 2nd quarter column should be populated with expenditures you are reporting for 2nd quarter. The report is set up with formulas to total all quarters for Year-to-Date Expenditures.

**Completing columns on the “Expenditure” side of the report:**

1st Quarter – Expenditures by category for period of October – December

2nd Quarter – Expenditures by category for period of January - March

3rd Quarter – Expenditures by category for period of April – June

4th Quarter – Expenditures by category for period of July – September

YTD Expenditures – Total expenditures of all quarters reported (formula - protected cell)

**Completing columns on the “Agreement” side of the report:**

Budget – Complete current budget amount (must match latest approved RER)

Balance – Subtracts budget from YTD Expenditures (formula -protected cell)

Expend % - Calculates current percentage of budget spent (formula – protected cell)

Report must be completed quarterly and electronically submitted to: [MDCH-MHSA-Contracts-MGMT@michigan.gov](mailto:MDCH-MHSA-Contracts-MGMT@michigan.gov)