

Kenton County MH/MR/AG Funding Monthly Program Report Instructions

The Monthly Program Report should be downloaded and saved as an excel file; fill out the form and e-mail it back to wayne.speigel@kentoncounty.org.

Unduplicated Clients:

1. Number of **planned clients** who will receive service paid from Tax funds based on your application.
2. Number of **planned clients** who will receive service paid from non-county Tax funds based on your application
3. Add lines 1 and 2
4. Number of **clients** for **current month** who received service paid from Tax funds
5. Number of **clients** for **current month** who received service paid from non-county Tax funds
6. Number of **clients year-to-date** who received service paid from Tax funds
7. Number of **clients year-to-date** who received service paid from non-county Tax funds
8. Add lines 6 and 7
9. Add numbers in column 3
10. Add numbers column 8

Unit of Service:

11. Number of **planned units** that will be paid from Tax funds based on your application
12. Number of **planned units** that will be paid from non-county Tax funds based on your application
13. Add lines 11 and 12
14. Number of **units of service** for current month paid from Tax funds
15. Number of **units of service** for current month paid from non-county Tax funds
16. Number of **units of service year-to-date** paid from Tax funds
17. Number of **units of service year-to-date** paid from non-county Tax funds
18. Add lines 16 and 17
19. Add numbers in column 13
20. Add numbers in column 18

Financial Information:

21. Kenton Co.'s allocation for Fiscal Year
22. Current month's request (#14 x #27); both items must be filled in for calculation purposes
23. Total amount of expenditures from **prior** months
24. Add #s 22 and 23 then subtract from 21
25. Amount of reimbursement **previously** received from Kenton Co.
26. List **other funding sources** received for providing this service
27. **Kenton Co.'s unit cost** based on your application; total is the total (actual cost of a unit)
28. Reimbursement request for current month (same as #22)
29. Sign, date, and mail original Report

NOTE: Submit Narrative Report quarterly

Nov. 2005