

**DEPARTMENT OF HEALTH CARE SERVICES
 QUARTERLY FEDERAL FINANCIAL MANAGEMENT REPORT (QFFMR)
 STATE FISCAL YEAR (SFY) 2016-17**

COUNTY NAME

 REPORT DUE DATE
 June 1, 2017

3rd QUARTER REPORT

1) Special Note for Federal Fiscal Year 2016 SAPT Block Grant Awards:
 SAPT Block Grant Awards are two-year Federal allocations in which counties are required to report total cumulative expenditures for a total eight quarters (reporting periods) covering two State Fiscal Years (SFY). For the 3rd Quarter SFY 2016-17, counties are required to report "Total Cumulative (Accrued) Expenditures" for all FFY 2016 SAPT Block Grant Award "Line Items" for the period of July 1, 2015 through June 30, 2017.

2) Special Note for Federal Fiscal Year 2017 SAPT Block Grant Awards:
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Cumulative Expenditure Report for the 3rd Quarter SFY
 2016-17 Report Period: July 1, 2016 through June 30, 2017

2) Federal Fiscal Year 2016 Award

2) Federal Fiscal Year 2017 Award

Categorical Funding Lines	2) Federal Fiscal Year 2016 Award			2) Federal Fiscal Year 2017 Award		
	Line Item Number	Remittance Advice Number	Cumulative Expenditures at the End of 3rd Quarter SFY 2016-17	Line Item Number	Remittance Advice Number	Cumulative Expenditures at the End of 3rd Quarter SFY 2016-17
SAPT Discretionary	50-16	MO/YRSAPT16DIS		50-17	MO/YRSAPT17DIS	
SAPT - Adolescent / Youth Treatment	50a-16	MO/YRSAPT16ATS		50a-17	MO/YRSAPT17ATS	
Friday Night Live/Club Live	50bc-16	MO/YRSAPT16FNLCL		50bc-17	MO/YRSAPT17FNLCL	
SAPT - Primary Prevention Set-Aside	50d-16	MO/YRSAPT16PRE		50d-17	MO/YRSAPT17PRE	
SAPT - HIV Set-Aside	51-16	MO/YRSAPT16HIV				
SAPT - Perinatal Set-Aside	52-16	MO/YRSAPT16PER		52-17	MO/YRSAPT17PER	

DUNS NUMBER:
 REMARKS:

CERTIFYING OFFICIAL: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE IN ALL RESPECTS AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITION OF THE GRANT OR CONTRACT.

SIGNATURE: _____ DATE: _____ PHONE NUMBER: _____
 NAME (Typed or Printed): _____ TITLE (Typed or Printed): _____

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 STATE FISCAL YEAR 2016-17**

FOR REPORTING PURPOSES PLEASE NOTE THAT ALL EXPENDITURES ARE TO BE REPORTED CUMULATIVELY. At the end of each reporting period, expenditures are to be reported on an accrual basis for each Federal Fiscal Year (FFY) reported on the attached worksheet. The accrual basis of accounting recognizes revenue when revenue is earned and expenditures when expenditures are incurred regardless of when cash is received or disbursed.

Please complete the 3rd Quarter State Fiscal Year (SFY) 2016-17 Quarterly Federal Financial Management Report (QFFMR) using the following instructions. For each of the following cells please enter the requested items.

County Name: **NAME OF YOUR COUNTY**

QFFMR "Cumulative Expenditure" Reporting for 3rd Quarter SFY 2016-17

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As noted above, please report the "Total Cumulative (i.e., Accrued) Expenditures" for the following FFY 2016 and FFY 2017 line items through June 30, 2017.

	Federal Fiscal Year 2016
Line 50-16	Total Cumulative (Accrued) Expenditures For Each Line Item
Line 50a-16	
Line 50bc-16	
Line 50d-16	
Line 51-16	
Line 52-16	

	Federal Fiscal Year 2017
Line 50-17	Total Cumulative (Accrued) Expenditures For Each Line Item
Line 50a-17	
Line 50bc-17	
Line 51-17	
Line 52-17	

The federal government requires a current DUNS number from anyone receiving federal funds. Insert the county DUNS number **HERE**. For information and definition of DUNS, please go to: <http://fedgov.dnb.com/webform/pages/dunsnumber.jsp>

REMARKS: Enter any applicable comments.

Certifying Official: Complete the signature block listing the Certifying Official's information.

For questions regarding the QFFMR, please contact Misty Nelson at 916-323-4994.

A PDF of the signed, completed 3rd Quarter SFY 2016-17 QFFMR may be emailed to Misty.Nelson@dhcs.ca.gov

Or mailed to the following address, marked "Attention: Misty Nelson" by the "Report Due Date" of **June 1, 2017**.

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 Sacramento, CA 95814
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 Attn: Misty Nelson