

(3)

Service Period: January 1, 2019 through March 31, 2019

FFY Qtr: 2

FFY 2019 Award

NOT CUMULATIVE - QTR 3 Expenditures Only

Line Item	Categorical Funding Lines	Quarter Exp.
50-19	SABG- Discretionary	
50a-19	SABG- Adolescent/Youth Treatment	
50bc-19	SABG- Friday Night Live/Club Live	
50d-19	SABG- Primary Prevention Set-Aside	
52-19	SABG- Perinatal Set-Aside	
Total		

(4) Certification:

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of SABG Block Grant services in the County; that I am authorized to sign this certification on behalf of the County; that I have not violated any of the provisions of Sections 1090-1099 of the Government Code; that the report is based on actual, total-fund SABG expenditures for the specified quarter; that SABG allowable expenditures are reported; and that to the best of my knowledge and belief this report and supporting documents submitted are in all respects true, correct, and in accordance with the law. The county acknowledges that SABG payments to the county, based on this report, are from federal funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. The County agrees to keep records for a minimum of three years after final determination of costs is made through the DHCS cost report settlement process and to retain beyond the three-year period if audit findings have not been resolved, a printed representation of all records necessary to support SABG expenses claimed. The County agrees to furnish these records and any other information regarding SABG expenses, on request, within the State of California to DHCS, California Department of Justice, Office of the State Controller, U.S. Department of Health and Human Services, or their duly authorized representatives. The County also certifies under penalty of perjury that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, gender, or physical or mental disability.

Signature:	Date:
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Name (Printed):	Title (Printed):
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(5) DUNS Number:

(6) Comments

Please e-mail a completed and signed QFFMR report and Ledger detail to SABGreporting@dhcs.ca.gov.

DEPARTMENT OF HEALTH CARE SERVICES

Substance Abuse Prevention and Treatment Block Grant (SABG)

Quarterly Federal Financial Management Report (QFFMR)

State Fiscal Year (SFY) 2018 - 2019

SFY Quarter (QTR) 3

January 1, 2019 through March 31, 2019

Reporting Instructions

(1) Unused SABG Funds from SFY Qtrs 1 & 2 (Carry Forward)

If the county has unused SABG funds received in SFY 2018-19 for for QTRs 1 and 2, report SABG balances by the appropriate categorical funding lines.

The amounts reported will be deducted from the county's SABG payment for QTR 3.

(2) SABG Quarterly Expenses for FFY 18 Award, SFY QTR 3 (Not Cumulative)

Complete each categorical funding line with the actual expenses incurred for SFY QTR 3.

(This amount reflects expenses for the sixth QTR of FFY 18.)

(3) SABG Quarterly Expenses for FFY 19 Award, SFY QTR 3 (Not Cumulative)

Complete each categorical funding line with the actual expenses incurred for SFY QTR 3.

(This amount reflects expenses for the second QTR of FFY 2019.)

(4) Certification

The certification must be signed by the County's Behavioral Health Director, Chief Financial Officer (CFO), or an individual who reports directly to the Director or CFO and has delegated authority to sign on his or her behalf. The Director or CFO is ultimately responsible for the certification of the QFFMR report and Ledger detail reported to DHCS.

(5) DUNS Number

Insert the county DUNS number HERE. For information and definition of DUNS,

go to: <http://fedgov.dnb.com/webform/pages/dunsnumber.jsp>.

(6) Comments

Enter any applicable remarks or comments.

Revisions to Reporting:

It is recommended to complete the first expiring award as soon as possible to allow time for revisions if needed. If an entire award is expended within four quarters, there will be three quarters for adjustments before the award time frame closes. Once the award period closes, the only adjustments that can be done would be on Cost Reports.

Questions

If counties have any questions on SABG quarterly reporting, please email:

SABGreporting@dhcs.ca.gov

Reports Submission

Counties **must** mail the QFFMR with the original certification signature to:

P.O. Box 997413

Sacramento, CA 95899-7413

Attn: Joyce Ong

Fiscal Management & Accountability Section - MS 2629

DHCS will not process a county's SABG quarterly payment until 1) the QFFMR with original signature is received; and 2) a review of the QFFMR and General Ledger is completed. Counties can email copies of the QFFMR and General Ledger in advance to SABGreporting@dhcs.ca.gov to initiate DHCS' internal review.

	Reporting by Federal Fiscal Quarter			
Month	2017 Award	2018 Award	2019 Award	2020 Award
Oct-Dec16	Q1			
Jan-Mar-17	Q2			
Apr-Jun-17	Q3			
Jul-Sep-17	Q4			
Oct-Dec-17	Q5	Q1		
Jan-Mar-18	Q6	Q2		
Apr-June-18	Q7	Q3		
Jul-Sep-18		Q4		
Oct-Dec-18		Q5	Q1	
Jan-Mar-19		Q6	Q2	
Apr-June-19		Q7	Q3	
Jul-Sep-19			Q4	
Oct-Dec-19			Q5	Q1
Jan-Mar-20			Q6	Q2
Apr-June-20			Q7	Q3
Jul-Sep-20				Q4
Oct-Dec-20				Q5
Jan-Mar-21				Q6
Apr-Jun-21				Q7