

Community Care Corps Quarterly Financial Report

Quarterly Report Due Dates

- Quarter 1 - January 20, 2024
- Quarter 2 - April 20, 2024
- Quarter 3 - July 20, 2024
- Quarter 4 - October 20, 2024
- Quarter 5 - January 20, 2025
- Quarter 6 - April 20, 2025

To request an extension, complete the Quarterly Financial Report Extension Request form and email it to Sara Paige, spaige@oasisnet.org, and Amy Fox, afox@oasisnet.org. This form can be found in the Document Repository. Requests must be submitted no later than 5 business days before the expected due date.

Quarterly Financial Report Overview

The Quarterly Financial Report that we are providing is specific to your organization. You will be provided an updated Quarterly Financial Report with each budget revision and quarterly report submission approval. **DO NOT CHANGE THE NAME OF THIS QUARTERLY FINANCIAL REPORT.** The name will include a date that will be updated with each approved budget revision and quarterly report submission.

The Community Care Corps Quarterly Financial Report consists of 3 sections: Budget, Quarterly Report (QR) and Evidence of Match Form (EOM). Each of the sections, as well as instructions for completing each section, are included as a tab in this report. Below is an overview of the Quarterly Financial Report. Please see the Budget Instructions tab, QR Instructions tab and EOM Instructions tab for more detailed instructions for the proper completion of each section of this report.

* **Budget - This section includes your current approved budget and a blank budget revision form.**

- The Budget section tabs are highlighted in gray. You will receive a copy of the Quarterly Financial Report that includes your approved budget. The budget totals on the Budget tab will link to the Budget columns on the Quarterly Report tab. You are not required to enter any information on the budget tab, so it is locked. Please see the Budget Instructions tab for more details.
- In the event a budget revision is needed, a blank budget revision request form is provided for you as a tab in the budget section. Each time you are approved for a budget revision, you will receive an updated Quarterly Financial Report that will include the new approved budget. The approved revised budget will be locked and will link to the Budget columns on the Quarterly Report tab. Please see the Budget Instructions tab for more detailed instructions for requesting a budget revision.

* **Quarterly Report - A summary of quarterly expenses by line item. Please see the QFR Instructions tab for more detailed instructions.**

- The Quarterly Report tab is highlighted in green. Each quarter, you will report your federal and nonfederal share expenditures by line item. Detailed instructions are provided on the QFR Instructions tab.

* **Evidence of Match Form - A summary of the sources of funding for the reported quarterly nonfederal share expenses (also known as Match). Please see the EOM Instructions tab for more detailed instructions.**

- The quarterly Evidence of Match tab is highlighted in blue. Each quarter, you will need to report the source of the funding for the nonfederal share expenses (also known as Match) that you are reporting for that quarter. Detailed instructions are provided on the EOM Instructions tab.

Quarterly Financial Report Budget Section

The Budget Section includes your current approved budget and a blank budget revision form.

Approved Budget Tab

- You will receive a copy of the Quarterly Financial Report that includes your approved budget. The budget totals on the Budget tab will link to the Budget columns on the Quarterly Report tab. You are not required to enter any information on the Budget tab, so the cells on this tab are locked.
- Please be sure to review your budget for accuracy prior to submitting each quarterly report. Please report any errors to Amy Fox, afox@oasisnet.org, and Sara Paige, spaige@oasisnet.org.

Budget Revision Tab

Budget Revision Process:

- In the event a budget revision is needed, a blank Budget Revision Request form is provided for you as a tab in the budget section. Please complete the form within the Quarterly Financial Report Excel workbook. Do not extract the form.
 - Email the entire Quarterly Financial Report Excel workbook, with the Budget Revision Request tab completed, to Sara Paige, spaige@oasisnet.org, and Amy Fox, afox@oasisnet.org.
 - You are required to complete a Budget Revision Request form for any change to the approved Federal share budget. Revisions to the Nonfederal share budget do not require approval.
- Once a Budget Revision Request is approved, it is the new Approved Budget. The tab for the Budget Revision Request will be renamed "Approved Budget" and a new blank Budget Revision Request tab will be added in the Quarterly Financial Report for any future budget revision requests that may be necessary.
- One Budget Revision Request is allowed per quarter and must be submitted no later than 15 days prior to the end of the quarter.
 - Please see the instructions for completing the Budget Revision Request Form below.

Budget Revision Request Form Instructions

All highlighted cells are locked. Please enter budget revisions in the unhighlighted areas as outlined below:

Adjustments Column (Column C)

- The highlighted portions of Columns A and B are linked to your most recently approved budget. In Column C, you will enter the amount by which you want to increase or **decrease (-)** the line item. If there is no change to the line item, you may enter zero or simply leave it blank.

Budget Additions - included within each budget category

- Within each budget category on the Budget Revision Request form is a section for Budget Additions. Columns A and C of this section are unlocked so that
- you may add additional line items to your budget. Please add the description of the line item in Column A and the budget amount for that line item in Column C

Requested Revised Budget (Column D), Subtotals & Grand Total

- The Requested Revised Budget column (Column D) contains a formula to calculate the amount in the most recently approved column plus or minus the amount in the Adjustment column. This column is locked. When you have completed the Adjustments and Budget Additions, the budget amounts in the Requested Revised Budget column should show the the new budget that you would like to submit for approval.
- The Subtotal rows for each budget category and the Grand Total row are also locked.

Indirect Expense

- Please use the Adjustments column (Column C) to request to increase or decrease Indirect Expense.

Justification Column (Column E)

- The Justification column (Column E) is unlocked. Please type in a justification to explain each budget revision for which you are requesting approval.

Also, please be sure to fill in the Subawardee Name at the top and complete the bottom portion with name, date, email address and phone number.

Approval of the Budget Revision Request

- Upon approval, Budget Revision Request form will be signed by the approver and the Quarterly Financial Report Excel workbook will be returned to the grantee.
- The budget revision will replace the previously approved budget. The tab for the budget revision will be renamed "Approved Budget".
- A new blank Budget Revision Request form will be added.
- The name of the Quarterly Financial Report will be updated with the approval date of the Budget Revision. Example: 2022-12-12 QFR GRANTEE NAME.
- **DO NOT CHANGE THE NAME OF THE QUARTERLY FINANCIAL REPORT.** This will be the only accepted version for the next report submission.

			\$ -
			\$ -
			\$ -
			\$ -
(H) Subtotal: Other Direct Expenses	\$ -	\$ -	\$ -
(I) Total Direct Expenses (sum of C thru H)	\$ -	\$ -	\$ -
(J) Indirect Expenses (___% of _____)			\$ -
Grand Total (I)+(J)	\$ -	\$ -	\$ -

Community Care Corps

Budget Revision Request Form



Subawardee Name: _____

Originally Awarded Budget			Justification
Most Recently Approved Budget - Federal Share	Adjustments <i>(please show deductions as negative numbers)</i>	Requested Revised Budget	

Personnel Expenses				
Salary / Wages				

0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
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0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	

Budget Additions:				
	-		-	
	-		-	
	-		-	
	-		-	
	-		-	
	-		-	

Subtotal - Salary / Wages	-	-	-	
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Payroll Taxes and Employer Paid Benefits				
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Payroll Taxes	-		-	
Employer Paid Benefits	-		-	
Subtotal: PR Taxes and Employer Paid Benefits	-	-	-	

Budget Revision Request Form



Subawardee Name: _____

Originally Awarded Budget			Justification
Most Recently Approved Budget - Federal Share	Adjustments <i>(please show deductions as negative numbers)</i>	Requested Revised Budget	

Travel			
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0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	

Budget Additions:			
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	-		-	
	-		-	

Subtotal: Travel	-	-	-	
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Equipment (Unit cost \geq \$5,000)			
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0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	

Budget Additions:			
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	-		-	
	-		-	

Subtotal: Equipment	-	-	-	
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Supplies			
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Budget Revision Request Form



Subawardee Name: _____

Originally Awarded Budget			Justification
Most Recently Approved Budget - Federal Share	Adjustments <i>(please show deductions as negative numbers)</i>	Requested Revised Budget	

0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
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0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	

Budget Additions:				
	-		-	
	-		-	
	-		-	
	-		-	
	-		-	
Subtotal: Supplies	-	-	-	

Contractual				
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	
0	-		-	

Budget Revision Request Form



Subawardee Name: _____

Originally Awarded Budget			Justification
Most Recently Approved Budget - Federal Share	Adjustments <i>(please show deductions as negative numbers)</i>	Requested Revised Budget	

Budget Additions:			
	-		-
	-		-
	-		-
	-		-
Subtotal: Contractual	-	-	-

Other Direct Expenses			
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
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0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-
0	-		-

Budget Additions:			
	-		-
	-		-
	-		-
	-		-
	-		-
Subtotal: Other Direct Expenses	-	-	-

Budget Revision Request Form



Subawardee Name: _____

	Originally Awarded Budget			Justification
	Most Recently Approved Budget - Federal Share	Adjustments <i>(please show deductions as negative numbers)</i>	Requested Revised Budget	
Total Direct Expenses	-	-	-	
Indirect Expenses (___% of _____)	-		-	
Grand Total	-	-	-	

Prepared by _____

Contact Phone Number _____

Date Prepared _____

Contact Email Address _____

For Oasis Institute Use Only

Reviewed by: _____

Approved by: _____

Date: _____

Date: _____

Quarterly Report Section

You are required to submit your Federal and Nonfederal share expenses on a quarterly basis for quarterly reimbursement of grant funds.

Instructions for completing the Quarterly Report:

* Budget Section

The budget information in the budget section is linked to the most recently approved budget. The columns are locked. There is no need to enter any information in the budget columns. If any of the budget information is incorrect, please email Amy Fox, afox@oasisnet.org, and Sara Paige, spaige@oasisnet.org.

* Indirect Expense Rate

Insert your indirect expense rate (if applicable) in Cell E20. .

* Federal Share section:

- Report the quarterly totals for each budget category.
- Subtotal and Total cells are locked and will calculate for you.
- In Row 20, report the quarterly indirect expense.

* Nonfederal Share section:

- Report the quarterly totals for each budget category.
- Subtotal and Total cells are locked and will calculate for you.
- In Row 20, report the quarterly indirect expense.

* Variance Section

- The variance section shows the budget vs actual dollars and percentage for Federal share, Nonfederal share, and total expenditures.
- These cells are locked.

* Main Contact Information

- Please provide name(s) and contact information for the person(s) within your organization who are responsible for the financial reporting of this grant.
- If this section is left blank the Quarterly Financial Report will be returned for completion.

* Preparer Signature

- The signature of the preparer of the Quarterly Financial Report is required every quarter. If this section is left blank the Quarterly Financial Report will be returned for completion.

* Approval of the Quarterly Financial Report

- Incomplete or inaccurate reports will not be processed. They will be returned to the grantee for completion.
- When the review of the Quarterly Financial Report is complete, you will receive a copy of the report signed and dated by the Reviewer. The column for the quarter that was reviewed will be locked, as you cannot make changes to a report once it has been approved. If you find that a change is needed for a previously reported quarter, please make the adjustment in the current quarter.
- You will use the approved Quarterly Financial Report signed by the Reviewer when submitting the report for the following quarter. A Quarterly Financial Report submitted without the Reviewer signature from the previous quarter will not be processed.
- Your quarterly invoice will be submitted for payment processing once the Quarterly Financial Report has been approved.

Exhibit E: Quarterly Financial Report

Grantee Name: _____

Grant Period: October 1, 2023 - March 31, 2025

Grant Duration: 18 Months

Award Amount:	\$0.00
Minimum Match Requirement:	-

	Budget			Actual													Total Actual	Variance \$			Variance %age			
	Federal Share	Non-Fed Share	Total	Federal Share						Non-Federal Share						Federal Share		Non-Fed Share	Total	Federal Share	Non-Fed Share			
				Q1	Q2	Q3	Q4	Q5	Q6	Total	Q1	Q2	Q3	Q4	Q5	Q6		Total						
PERSONNEL Salary	\$0.00	\$0.00	\$0.00							\$0.00							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
Total Taxes and Fringe	0.00	0.00	0.00							\$0.00							\$0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
TOTAL PERSONNEL COSTS (A) + (B)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
TRAVEL	0.00	0.00	0.00							0.00							0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
EQUIPMENT (Equipment with a unit cost of \$5,000 or less goes in Supplies)	0.00	0.00	0.00							0.00							0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
SUPPLIES	0.00	0.00	0.00							0.00							0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
CONTRACTUAL	0.00	0.00	0.00							0.00							0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
OTHER DIRECT EXPENSES	0.00	0.00	0.00							0.00							0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
Total Direct Expenses (sum of (C) - (H))	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
Indirect Expense Percentage: <input type="text" value=""/>																								
Indirect Expense	0.00	0.00	0.00							0.00							0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!	#DIV/0!
Grand Total Expenses (I + J)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!

Community Care Connect

Evidence of Match Section

Each quarter you will need to report the source(s) of the funding for the nonfederal share expenses (also known as Match) that you are reporting for that quarter.

Instructions for completing the Evidence of Match Form:

Section 1: Cumulative and Quarterly Reported Nonfederal Share Expense

The Quarterly and Cumulative Reported Nonfederal Share Expense section of the form is locked and includes the following:

- * **Minimum Match Requirement**
 - The minimum match requirement is the total nonfederal share expenses that you are required to report for the grant period.
- * **Total Nonfederal Share Expenditures to Date**
 - This is the total cumulative Nonfederal share expense that you have reported on the Quarterly Report
- * **Remaining Match Requirement for the Grant Period**
 - This is the remaining amount of Nonfederal share expense that you are required to report for the grant period.
- * **Total Nonfederal Share Expense for the Current Quarter**
 - This is the total nonfederal share expense that you have reported for each quarter on the Quarterly Report.

Section 2: Sources of Funding

Using the instructions below, complete the unhighlighted portion of the Sources of Funding section. This section should be completed every quarter. All highlighted cells are locked.

- * **Funding Source (Name of Funder and source type, e.g., foundation contribution or local government grant)**
 - List every source of funding for the reported quarterly Nonfederal share expenses.
 - Examples include other grants and individual donations.
 - If the source of funding is a grant, include the source type. Examples of source type are foundation contribution or local government grant. Please keep in mind that other Federal grants cannot be the source of funding for Nonfederal share expenditures.
- * **Purpose**
 - List the purpose of the expense or reported in-kind. Examples: payment to XYZ contractor; salary; value of volunteer in-kind. You may categorize the expenses.
 - This is not intended to be an itemized list of each Nonfederal share expense.
- * **Amount of Cash Match**
 - The portion of the reported expense that is a paid expense would be listed in this column. Examples: the total of the payment to XYZ contractor; the total of Nonfederal share salary paid.
- * **Amount of In-kind Match**
 - The portion of the reported expense that is the value of a donation of service or items would be listed in this column. Examples: If XYZ contractor donated her services, the total value of the in-kind would be listed in the Amount of In-kind Match column; value of volunteer in-kind would also be listed in the Amount of In-kind match column. The Independent Sector Rate may be used when reporting the value of Volunteer In-Kind. <https://independentsector.org/resource/value-of-volunteer-time/>
- * **Total Match**
 - This column will calculate the total Amount of Cash Match and Amount of In-kind Match reported on each row. This column is locked.
- * **Total Sources of Funding**
 - When all of the sources of funding have been entered, the Total Sources of Funding (Row 28) should match the total nonfederal share expenses reported for the quarter (Row 11). These cells are highlighted in yellow.
- * **Date of Receipt of Funds or In-kind Contribution**
 - Provide the date of the receipt of the source of the funding or the date of the in-kind contribution
- * **The preparer should sign and date the bottom of the form and provide their email address.**

EXHIBIT E.1

Evidence of Match

Along with your invoices for payment, please complete and submit this form indicating the non-federal funding source(s), the purpose of the funding contributed, the amount, by type (cash/in-kind), that is contributed as Match to this project and the date of receipt of the funds or in-kind contributions.



CUMULATIVE AND QUARTERLY REPORTED NONFEDERAL SHARE EXPENSE:

Minimum Match Requirement:		Total Nonfederal Share reported for Quarter 1 on the Quarterly Report			Total Nonfederal Share reported for Quarter 2 on the Quarterly Report			Total Nonfederal Share reported for Quarter 3 on the Quarterly Report			Total Nonfederal Share reported for Quarter 4 on the Quarterly Report			Total Nonfederal Share reported for Quarter 5 on the Quarterly Report			Total Nonfederal Share reported for Quarter 6 on the Quarterly Report				
Total Nonfederal Share Expenditures to Date:	\$0.00	The Total Q1 Sources of Funding should equal this amount			The Total Q2 Sources of Funding should equal this amount			The Total Q3 Sources of Funding should equal this amount			The Total Q4 Sources of Funding should equal this amount			The Total Q5 Sources of Funding should equal this amount			The Total Q6 Sources of Funding should equal this amount				
Remaining Match Requirement for the Grant Period:	\$0.00	\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00				
SOURCES OF FUNDING:		QUARTER 1				QUARTER 2			QUARTER 3			QUARTER 4			QUARTER 5			QUARTER 6			Grand Total Match
Funding Source (Name of Funder and source type, e.g., foundation contribution or local government grant)	Purpose	Date of Receipt of Funds or In-kind Contribution	Amount of Cash Match	Amount of In-Kind Match	Total Q1 Match	Amount of Cash Match	Amount of In-Kind Match	Total Q2 Match	Amount of Cash Match	Amount of In-Kind Match	Total Q3 Match	Amount of Cash Match	Amount of In-Kind Match	Total Q4 Match	Amount of Cash Match	Amount of In-Kind Match	Total Q5 Match	Amount of Cash Match	Amount of In-Kind Match	Total Q6 Match	
					\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
					0.00			0.00			0.00			0.00			0.00			0.00	\$0.00
Total Sources of Funding			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Prepared by: _____

Contact Email: _____

