

Financial Report

Community of Health Planning Grant

Grantee Name:	Okanogan County Public Health/Community Choice
Contract #:	K1229
Contact Person:	Jesus Hernand Phone: 509-422-7140 Email: JesusH@communitychoice.us ; ljones@co.okanogan.wa.us

Budget Line Item	Contract Budget	Cumulative Grant Fund Expenditures (as of 9/30/14)	Remaining Funds Available	Percent of Funds Spent	In-Kind Contributions	Notes
Personnel Costs	\$ 20,000	\$ 13,255.81	\$ 6,744	66%		This includes: staffing costs, training, salaries, benefits, health insurance, payroll taxes.
Consultants	\$ 25,000	\$ 2,051.81	\$ 22,948	8%		Initial consultant time and consultant travel costs
Travel	\$ 3,360	\$ 1,845.05	\$ 1,515	55%		Staff travel, lodging, meals, participant travel reimbursements
Event Expenses	\$ 1,640	\$ 2,452.01	\$ (812)	150%		Events food & beverage, postage, phone, office expenses, supplies
Other**	\$ -	N/A	\$ -	N/A		
Total	\$ 50,000	\$ 19,604.68	\$ 30,395	39%	\$ -	

*Any changes in the project plan or budget line items that result in a ten percent or greater difference from the original budget line items must be given written prior approval from the HCA Grant Manager before implementing. Please attach a copy of the prior approval received from HCA to this report if applicable.

**Any in-kind expenditures that do not fit within your budget line item categories can be reported under the "Other" line item. Please add a brief description of what those expenses are in the "Notes" column.

Financial Report Community of Health Planning Grant

Do you anticipate any problems fully expending the grant?
If you checked "yes", please explain:

☐ Yes ☒ No

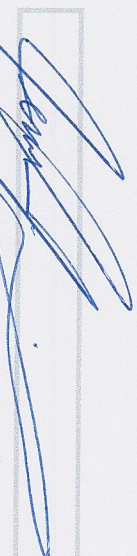
Additional Comments/Concerns:

We are finding that we are able to leverage local facilitation skills and have not had to rely on consultants thus far in the project. This may change some going forward. Coalition meetings in two counties involved light lunches (Okanogan) and dinners (Kittitas). That has pushed our event expenses above the projected amount and is likely to continue to do so.

Name:

Jesus Hernandez

Signature:



10-15-2014

Position Title:

Executive Director

I have reviewed the expenditures listed above and certify that the expenditures comply with all applicable cost principles and are accurate and true to the best of my ability.

Please submit the signed and completed report via email to the HCA Grants Manager, Janet Cornell no later than October 15, 2014.

janet.cornell@hca.wa.gov