

Civil Monetary Penalty Reinvestment Program Instruction Packet

The packet includes information for CMP Reinvestment awardees about completing necessary reporting requirements associated with their contract.

Questions? Contact us.

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Reporting Deadlines

The State of Tennessee and CMS Region IV requires quarterly progress reports throughout the duration of your project time period, annual budget expense reports, and two follow-up monitoring reports. These reporting requirements can be found in Section A. of the contract that was developed between your organization and the State of Tennessee. The reporting deadlines associated with your specific project are listed below. The CMP Reinvestment Assistant Director, Jacy Weems, will send you an email reminding you of upcoming report deadlines.

Example Service Reporting Table found in Section A of the contract:

Deliverable	Contract Section	Delivery Date	Report Contact	Requested Format
Attend/provide and submit proof of completion of grantee education sessions identified in the grantee application Attachment A.	A.6.a.	TBD	CMPRP Director, Assistant Director and/or other program staff	In-person & upon submission of quarterly reports
Quarterly progress reports	A.6.b.	No later than the last business day of the month following the end of any quarter	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Quarterly expense & budget reports	A.6.c.	No later than the last business day of the month following the end of any quarter	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Annual expense & budget report	A.6.d.	Within six months	CMPRP Director, Assistant	REDCap unless otherwise

Quarterly Narrative Reports

CMP Reinvestment awardees are required to submit a quarterly narrative report outlining project progress. Quarterly narrative reports should, at minimum, include the following components:

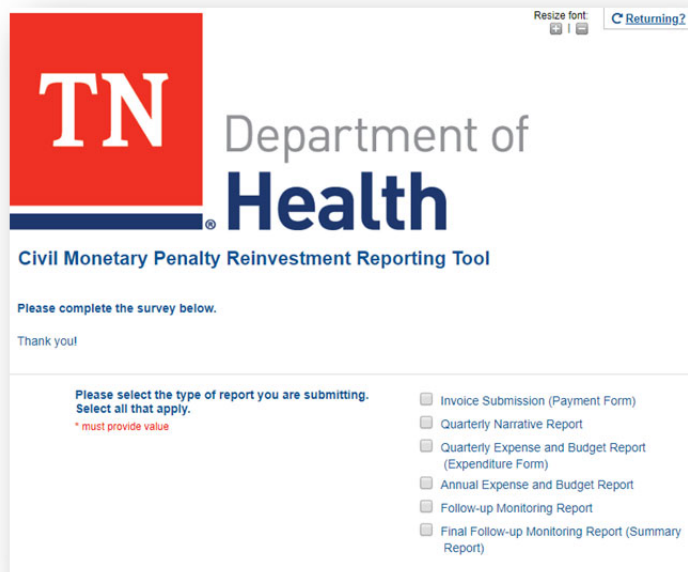
- CMS Request Number (found on the approval letter from CMS Region IV);
- Tennessee Department of Health Contract Number (found on the contract developed with the State of Tennessee);
- Summary of project activities that occurred within that specific quarter;
- Any barriers to project implementation and plan of correction;
- Project success stories;
- Status update related to the project's major goals and objectives;
- Any training materials used for project implementation;
- Summary and results of evaluation methods that have been used during the reporting period;

- Expected activities to occur within the next reporting period.

Organizations that have a contract start date **before July 1, 2019** may submit quarterly narrative reports as a Microsoft Word document or PDF format to Chelsea Ridley (Chelsea.Ridley@tn.gov) and Jacy Weems (Jacy.Weems@tn.gov). **Organization that have a contract start date on or after July 1, 2019 are asked to submit all reports through REDCap using this link:** <https://tdhrc.health.tn.gov/redcap/surveys/?s=NLRFXNMCXC>.

The online reporting system allows users to select the type of report they are submitting and walks through a series of questions associated with that report type (you may select more than one type of report). Users should receive a confirmation email once the report has been submitted.

Example Online Reporting Home Page:



The screenshot shows a web interface for the "Civil Monetary Penalty Reinvestment Reporting Tool". At the top left is the TN Department of Health logo. Below the logo, the text reads "Please complete the survey below." and "Thank you!". A section titled "Please select the type of report you are submitting. Select all that apply." contains a list of report types with checkboxes: Invoice Submission (Payment Form), Quarterly Narrative Report, Quarterly Expense and Budget Report (Expenditure Form), Annual Expense and Budget Report, Follow-up Monitoring Report, and Final Follow-up Monitoring Report (Summary Report). A red asterisk indicates that the "Quarterly Narrative Report" option is required.

Follow-up Monitoring Reports

Follow-up monitoring reports are also a requirement listed in the contract. The first follow-up monitoring report should include the following aspects:

- What plans and actions have been put in place to ensure sustainability of the project outcomes?
- What aspects of the project are NOT anticipated to be sustained once CMP funding is no longer available?
- Include the Program Expense Report (Policy 3 document) that finalizes any project expenditures and CMP funds spent during the duration of the project.

Invoicing

Invoices are submitted when you are **requesting** CMP funds from the state for your project. The payment methodology is listed in section C.3 (see example below). The payment methodology will outline if your contract is reimbursement, advanced payment, periodic advanced payment, etc. The budget breakdown provided on the first page of the contract and in the budget attachments will outline how much you are allotted each fiscal year and how much you are able to submit an invoice for each fiscal year.

Example Section C.3 in your contract:

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Maximum Liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed one million dollars (\$1,000,000.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2, is the maximum amount due the Grantee under this Grant Agreement. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- C.2. Compensation Firm. The Maximum Liability of the Grantor State Agency is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Agreement and are not subject to escalation for any reason unless amended, except as provided in section C.5.
- C.3. Payment Methodology – Periodic Advance Payment. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in section C.1. The amount of Five Hundred Forty one thousand one

Example budget breakdown by State fiscal year found on the first page of your contract:

GRANT CONTRACT					
(cost reimbursement grant contract with an individual, business, non-profit, or governmental entity of another state or country)					
Begin Date	End Date	Agency Tracking #	Edison ID		
Grantee Legal Entity Name				Edison Vendor ID	
Subrecipient or Contractor		CFDA #			
<input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		Grantee's fiscal year end June 30			
Service Caption (one line only)					
Project to improve quality of life and/or quality of care for TN nursing home residents.					
Funding —	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
FY					
TOTAL:					
Ownership/Control					
<input type="checkbox"/> Minority Business Enterprise (MBE):					
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American					
<input type="checkbox"/> Woman Business Enterprise (WBE)					
<input type="checkbox"/> Service-Disabled Veteran Enterprise (SDVBE)					
<input type="checkbox"/> Disabled Owned Businesses (DSBE)					
<input type="checkbox"/> Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees					
<input type="checkbox"/> Government <input type="checkbox"/> Non-Minority/Disadvantaged <input checked="" type="checkbox"/> Other:					
Grantee Selection Process Summary					
<input checked="" type="checkbox"/> Competitive Selection		RFA process was used			
<input type="checkbox"/> Non-competitive Selection					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				CPO USE - GR	
				Z000000	
Speed Chart (optional)		Account Code (optional)			
HL00017808		71304000			

Example budget page found as an attachment to your contract:

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning **DATE**, and ending **DATE**.

POLICY #3 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (Enter category(s) attached as appropriate)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4.18	Professional Fee/Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
4	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11.12	Travel/Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
10	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A (posted on the Internet at: <https://www.tn.gov/assets/activities/finance/attachments/policy3.pdf>).

Invoice Definitions for Vendors:

All numbers next to each definition is associated with a number on the invoice page below.

- 1. Invoice Number:** The awardee must assign a unique number for each invoice.
- 2. Invoice Date:** This is the Month, Day, and Year of the invoice such as 10/11/16. Acceptable special characters are: hyphen, and slash. Do not add any handwritten information such as month(s) of services on this line.
- 3. Invoice Period:** This is the month for which reimbursement is requested. For example, if the invoice is for the month of July 2016 then the invoice period should be July 1, 2016 to July 31, 2016.
- 4. Contract Period:** This is the period of the contract as stated in the terms of the contract. Note: If this is a multiple year contract, list the entire contract period. For example, a three (3) year contract beginning July 1st 2015 would show the contract period as July 1, 2015 – June 30, 2018. Contract period can be found on the first page of the final executed contract between the awardee and the state.

Example contract with legal entity name highlighted:

GRANT CONTRACT					
<small>(cost reimbursement grant contract with an individual, business, non-profit, or governmental entity of another state or country)</small>					
Begin Date	End Date	Agency Tracking #	Edison ID		
Grantee Legal Entity Name			Edison Vendor ID		
Subrecipient or Contractor		CFDA #			
<input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		Grantee's fiscal year end June 30			
Service Caption (one line only)					
Project to improve quality of life and/or quality of care for TN nursing home residents.					
Funding --					
FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
TOTAL:					
Ownership/Control					
<input type="checkbox"/> Minority Business Enterprise (MBE):					
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American					
<input type="checkbox"/> Woman Business Enterprise (WBE)					
<input type="checkbox"/> Service-Disabled Veteran Enterprise (SDVBE)					
<input type="checkbox"/> Disabled Owned Businesses (DSBE)					
<input type="checkbox"/> Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees.					
<input type="checkbox"/> Government <input type="checkbox"/> Non-Minority/Disadvantaged <input checked="" type="checkbox"/> Other:					
Grantee Selection Process Summary					
<input checked="" type="checkbox"/> Competitive Selection		RFA process was used			
<input type="checkbox"/> Non-competitive Selection					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				CFO USE - GR	
				Z000000	
Speed Chart (optional)		Account Code (optional)			
HL00017808		71304000			

7. Edison Vendor#: This should be the Edison Vendor number as referenced in the contract. Edison Vendor # can be found on the first page of the final executed contract between the awardee and the state. See below.

Example contract with Edison Vender ID highlighted:

GRANT CONTRACT					
<small>(cost reimbursement grant contract with an individual, business, non-profit, or governmental entity of another state or country)</small>					
Begin Date	End Date	Agency Tracking #	Edison ID		
Grantee Legal Entity Name					Edison Vendor ID
Subrecipient or Contractor		CFDA #			
<input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		Grantee's fiscal year end June 30			
Service Caption (one line only)					
Project to improve quality of life and/or quality of care for TN nursing home residents.					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
TOTAL:					
Ownership/Control					
<input type="checkbox"/> Minority Business Enterprise (MBE):					
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American					
<input type="checkbox"/> Woman Business Enterprise (WBE)					
<input type="checkbox"/> Service-Disabled Veteran Enterprise (SDVBE)					
<input type="checkbox"/> Disabled Owned Businesses (DSBE)					
<input type="checkbox"/> Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees.					
<input type="checkbox"/> Government <input type="checkbox"/> Non-Minority/Disadvantaged <input checked="" type="checkbox"/> Other:					
Grantee Selection Process Summary					
<input checked="" type="checkbox"/> Competitive Selection			RFA process was used		
<input type="checkbox"/> Non-competitive Selection					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.					CPO USE - GR
					Z000000
Speed Chart (optional)		Account Code (optional)			
HL00017808		71304000			

8. Contracting State Agency: The Tennessee Department of Health should be listed as the contracting state agency.

9. Program Area: List the program for which services were provided. All CMP Reinvestment projects will list CMPRP as the program area.

10. OCR Contract Number: The OCR assigned number of the fully executed grant/contract, example: GR-17-35613. OCR Contract Number can be found on the first page of the final executed contract between the awardee and the state. See below.

Example contract number highlighted:

GRANT CONTRACT					
(cost reimbursement grant contract with an individual, business, non-profit, or governmental entity of another state or country)					
Begin Date	End Date	Agency Tracking #	Edison ID		
Grantee Legal Entity Name			Edison Vendor ID		
Subrecipient or Contractor		CFDA #			
<input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		Grantee's fiscal year end June 30			
Service Caption (one line only)					
Project to improve quality of life and/or quality of care for TN nursing home residents.					
Funding --					
FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
TOTAL:					
Ownership/Control					
<input type="checkbox"/> Minority Business Enterprise (MBE):					
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American					
<input type="checkbox"/> Woman Business Enterprise (WBE)					
<input type="checkbox"/> Service-Disabled Veteran Enterprise (SDVBE)					
<input type="checkbox"/> Disabled Owned Businesses (DSBE)					
<input type="checkbox"/> Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees.					
<input type="checkbox"/> Government <input type="checkbox"/> Non-Minority/Disadvantaged <input checked="" type="checkbox"/> Other:					
Grantee Selection Process Summary					
<input checked="" type="checkbox"/> Competitive Selection		RFA process was used			
<input type="checkbox"/> Non-competitive Selection					
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.					
Speed Chart (optional)			Account Code (optional)		
HL00017808			71304000		
CPO USE - GR					
Z000000					

11. Total Contract Budget: The total contract amount by budget line item as detailed in the contractor's/grantee's contract. Note: If this is a multiple year contract, list the current fiscal year budget. Total Contract Budget can be found on the first page of the final executed contract between the awardee and the state. See below.

Example Invoice (number associated with definitions above):

STATE OF TENNESSEE
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY				
PO#	LINE#	RECEIPT #	TDOH AGENCY INVOICE #	
EDISON CONTRACT #				
EDISON VENDOR #		EDISON ADDRESS LINE #	VOUCHER #	
NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE			INVOICE NUMBER 1	
6			INVOICE DATE 2	
			INVOICE PERIOD	
Edison Vendor # 7			FROM 3	TO 12/31/2017
CONTRACTING STATE AGENCY 8 Tennessee Department of Health			CONTRACT PERIOD FROM 4	TO 5/31/2019
PROGRAM AREA 9			CONTACT PERSON/TELEPHONE NO. 5	
OCR CONTRACT NUMBER 10			FOR CENTRAL OFFICE USE ONLY	
BUDGET LINE ITEM	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD (MO./DAY/YR.)	(C) MONTHLY EXPENDITURES DUE	SPEEDCHART NUMBER:
	11	12	13	USERCODE:
Salaries				PROJECT ID:
Benefits				AMOUNT:
Professional Fee/Grant & Award				SPEEDCHART NUMBER:
Supplies				USERCODE:
Telephone				PROJECT ID:
Postage & Shipping				AMOUNT:
Occupancy				SPEEDCHART NUMBER:
Equipment Rental & Maintenance				USERCODE:
Printing & Publications				PROJECT ID:
Travel/Conferences & Meetings				AMOUNT:
Interest				SPEEDCHART NUMBER:
Insurance				USERCODE:
Specific Assistance to Individuals				PROJECT ID:
Depreciation				AMOUNT:
Other Non Personnel				SPEEDCHART NUMBER:
Capital Purchase				USERCODE:
Indirect Cost				PROJECT ID:
TOTAL				AMOUNT:

I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

Please check one of the following boxes
These services are for medical services
 non-medical services

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CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE	PROGRAM APPROVAL AUTHORIZED SIGNATURE	CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION FOR FISCAL USE ONLY
_____ Title: _____ Date: _____	_____ Title: _____ Date: _____	_____ Title: _____ Date: _____

ATTACHMENT: _____

Quarterly Expense and Budget Reports

Quarterly expense and budget reports should reflect CMP funds that were expended for that quarter and in total for the entire project period up to that point in time. The quarterly expense report needs to consist of two-three components, depending on the Payment Methodology outlined in Section C.3 (see example below) of the grant contract developed between your organization and the State of Tennessee. **Please note that once the project concludes, any unspent CMP funds must be refunded to the State of Tennessee, so it is critical that expenditures are accurately tracked throughout the duration of the project.** The CMPRP team will be reviewing all documentation submitted each quarter to ensure accuracy in reporting. The three components include:

1. Invoice (invoice instructions are provided above)
2. The Program Expense Report (see below)
3. Receipts/proof of payment or expenses (see below)

Example of section C.3 of a grant contract (outlines payment methodology):

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the Maximum Liability of the Grantor State Agency under this Grant Agreement exceed one million dollars (\$1,000,000.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2, is the maximum amount due the Grantee under this Grant Agreement. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

C.2. Compensation Firm. The Maximum Liability of the Grantor State Agency is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Agreement and are not subject to escalation for any reason unless amended, except as provided in section C.5.

C.3. Payment Methodology – Periodic Advance Payment. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in section C.1. The amount of Five Hundred Forty one thousand one

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Program Expense Report: The program expense report outlines what has actually been spent during that specific reporting quarter and what has been spent over the course of the project period. The Program Expense Report is provided as an attachment in the grant contract as well as in excel form and consist of three excel sheets (sch A expense, Sch B revenue, sch C expense summary). Further explanation of sch A, sch B, and sch C is included in the document. See examples below. Columns:

Quarter to Date: Should reflect the amount of CMP funds that were spent in that specific reporting quarter.

Year to Date: Should reflect the amount of CMP funds that were spent in that specific reporting quarter AND all other previous quarters (total expenses).

Example of Program Expense Report:

Schedule A, Part 1		STATE OF TENNESSEE		PROGRAM EXPENSE REPORT		Page ___ of ___			
CONTRACTOR/GRANTEE				FEDERAL ID #					
CONTRACTING STATE AGENCY				REPORT PERIOD					
Program #									
Contract Number									
Grant Period									
Program Name									
Service Name									
Schedule A		QUARTER TO DATE		YEAR TO DATE		QUARTER TO DATE		YEAR TO DATE	
Item #	EXPENSE BY OBJECT:								
1	Salaries and Wages								
2	Employee Benefits & Payroll Taxes								
3	Total Personnel Expenses (add lines 1 and 2)								
4	Professional Fees								
5	Supplies								
6	Telephone								
7	Postage and Shipping								
8	Occupancy								
9	Equipment Rental and Maintenance								
10	Printing and Publications								
11	Travel								
12	Conferences and Meetings								
13	Interest								
14	Insurance								
15	Grants and Awards								
16	Specific Assistance to Individuals								
17	Depreciation								
18	Other Non-personnel Expenses (detail)								
a									
b									
c									
d									
19	Total Non-personnel Expenses (add lines 4 - 18)								
20	Reimbursable Capital Purchases								
21	TOTAL DIRECT PROGRAM EXPENSES								
22	Administrative Expenses								
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES								
24	In-Kind Expenses								
25	TOTAL EXPENSES								

Attachment 4

instructions / line by line info / policy 3 / funding info summ / sch A - expense / sch B - revenue / sch C - expense summary

Receipts/proof of payment or expenses: Receipts, proof of payment, and/or third party receipts should be included and reflected of all expenditures accrued in the reporting period. Examples of receipts might include invoices from third party vendors, store receipts, breakdown of salary and fringe benefit payments, etc.

Payment Methodologies and Reporting Requirements:

Reimbursement Methodology: "The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs."

Reimbursement Methodology Report Components:

1. Invoice: Invoice will need to be submitted with each quarterly and annual report.
2. The Program Expense Report: Program Expense Report must be submitted with each quarterly and annual report.
3. Receipts/proof of payment or expenses: Receipts and proof of payment must be submitted with each quarterly and annual report.

Total Advanced Payment Methodology: "The Grantee shall be reimbursed for actual reasonable and necessary costs based upon the Grant Budget, not to exceed the maximum liability established in section C.1. Payment to the Grantee shall be a lump sum made in advance upon approval of this Grant Contract.

Total Advanced Payment Methodology Report Components:

1. Invoice: Invoice must be submitted at the beginning of the contract.
2. The Program Expense Report: Program Expense Report must be submitted with each quarterly and annual report.
3. Receipts/proof of payment or expenses: Receipts and proof of payment must be submitted with each quarterly and annual report.

Periodic Advanced Payment Methodology: "The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in section C.1. The amount of Written Dollar Amount (\$Number) shall paid to the Grantee in advance upon approval of this Grant Agreement and on Dates with Written Dollar Amount (\$Number) on which the Grantor State Agency will make advance payments. The total of said payments shall not exceed the Maximum Liability of this Grant Agreement."

Periodic Advanced Payment Methodology Report Components:

4. Invoice: Invoice must be submitted at the time referenced in section C.3 of the grant contract.
5. The Program Expense Report: Program Expense Report must be submitted with each quarterly and annual report.
6. Receipts/proof of payment or expenses: Receipts and proof of payment must be submitted with each quarterly and annual report.

Annual Expense and Budget Report

Annual expense and budget reports are due within six months of the end of the project (as outlined in the reporting grid shown below). The Annual Expense and Budget Report should summarize all payments made from the state to the grantee and all project expenditures. Supporting documentation should be provided as appropriate. A program expense report should be submitted with the Annual Expense and Budget Report.

Example of Service Reporting Table (outlined in section A of the contract):

Deliverable	Contract Section	Delivery Date	Report Contact	Requested Format
Attend/provide and submit proof of completion of grantee education sessions identified in the grantee application Attachment 1.	A.6.a.	TBD	CMPRP Director, Assistant Director and/or other program staff	In-person & upon submission of quarterly reports
Quarterly progress reports	A.6.b.	No later than the last business day of the month following the end of any quarter	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Quarterly expense & budget reports	A.6.c.	No later than the last business day of the month following the end of any quarter	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Annual expense & budget report	A.6.d.	Within six months following the end of the project	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Follow-up monitoring report	A.6.e.	Within 5 business days following the end of the project	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Final Follow-up monitoring report	A.6.g.	Within 6 months following the end of the project	CMPRP Director, Assistant Director and/or other program staff to be shared with CMS	REDCap unless otherwise specified
Formal presentation	A.6.i.	TDB	CMPRP Director, Assistant Director and/or other program staff	In-person or via webinar

Subcontracts and Third Party Agreements

If any formal agreements or subcontracts are developed with individual or company as a result of the project, a copy will need to be sent to the State for auditing purposes. There is subcontracting language that is included in the contract that must apply to any agreements made with third party individuals or companies (example below). Please consult with your legal team to determine if any additional information from the contract between the State and your organization should also apply to individuals/subcontractors you are working with.

Example of Subcontracting Language (official language found in Section D of the contract):

D.5. **Subcontracting.** The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.