

Group and Residential Cost Report Submission Checklist

- ___ Schedule A
 - ___ Provider Name (top left corner)
 - ___ Reporting Period (top left corner)
 - ___ Column B (check totals)
 - ___ Column C Adjustments
 - ___ Column D Admin and Support
 - ___ Column E Fundraising
 - ___ Column F through rest of page program allocations
 - ___ Trial Balance / Profit and Loss Statement
 - ___ Crosswalk or mapping that shows how costs from the trial balance / profit and loss statement ties to the cost report.
 - ___ Ensure the total expenditures on the cost report tie to the total expenses on the trial balance / profit and loss statement.

- ___ Schedule B
 - ___ Column B (check totals)
 - ___ Column C Adjustments
 - ___ Column D Admin and Support
 - ___ Column E Fundraising
 - ___ Column F through rest of page program allocations
 - ___ Crosswalk or mapping that shows how revenue from the trial balance / profit and loss statement ties to the cost report.

- ___ Notes to Schedule A – Add any notes that may help explain unique situations.

- ___ Schedule C
 - ___ Column A (enter months)
 - ___ Column B (enter year)
 - ___ Physically Present Days
 - ___ Paid Leave Days
 - ___ Unpaid Leave Days
 - ___ Other

- ___ Notes to Schedule B – Add any notes that may help explain unique situations.

Any salary expenses on Schedule A under 1010, 1020, 1040 needs to have the appropriate schedule (1010, 1020, 1040) filled out.

- ___ Schedules 1010, 1020, 1040
 - ___ Column A (enter number of positions)
 - ___ Column B Staff Credentials
 - ___ Column C Position Number
 - ___ Column D Position Title
 - ___ Column E Staff Name
 - ___ Column F Start Date
 - ___ Column G End Date
 - ___ Column H Number of Leavers
 - ___ Column I Total Hours Paid
 - ___ Column J Salary
 - ___ Column K Hourly
 - ___ Column L Bonus
 - ___ Column M Total Wages Paid
 - ___ Column O through Column AD is number of hours allocated per program.
 - ___ Column AE (formula) check total number of hours per employee.