

SFY 2010

Instructions for Form DMH-TXX-013

Social Services Block Grant (SSBG – Title XX) Invoice

Updates for form DMH-TXX-013

- ◆ Easier to complete
- ◆ Enter whole dollars only. No cents.

Lines A

Quarterly allocation

Enter the amount allocated for that quarter. For multiple allocations (designated by ODMH as funds for one (1) quarter), combine amounts and enter total.

Lines B

Amount invoiced to-date from 1st, 2nd, 3rd, 4th Quarter Allocation (if any)

Enter on Lines B the total of any drawdowns previously invoiced from that quarter.

If "\$0.00" funds were invoiced from the allocation of that quarter, enter "\$0".

Example:

On a prior invoice you requested \$10,000 of your \$10,000 allocation; so now enter \$10,000 on Line B.

OR,

Over two prior invoices you requested \$8,000 and \$1,500 of a \$10,000 allocation; so now enter \$9,500 on Line B.

Note: Each invoice submission to ODMH must reflect all drawdown activity for the previous quarter(s). This will be a cumulative report of your Title XX drawdowns.

Lines C

Net (A – B)

Enter the net figure of Line A minus Line B.

Lines D

Amount of Allocation for Board Administration

Enter the amount being requested (by means of your current invoice) for Board Administration costs for the associated quarter. If none, enter "\$0".

Lines E

Amount of Allocation for Agency Invoices

Enter the amount being requested (by means of your current invoice) for Agency Invoices for the associated quarter. If none, enter "\$0".

IMPORTANT:

Lines D and Lines E may be "\$0" if either of the following applies:

- ◆ If the full amount of your allocation for that quarter was already requested on previous invoices. (See Lines B.)
- OR

- ◆ If "\$0.00" is being requested with the current invoice, even though there is a balance of unused funds.

Lines E1, E2, E3, E4

Total Request (D + E)



Line E is the total drawdown from each quarter to be paid out from your allocation(s) by means of your current invoice.

Add together Line D and Line E within each quarter, and enter the sum on the corresponding Line E1, E2, E3, E4.

IMPORTANT:

This line may be "\$0" if either of the following applies:

- ◆ If the full amount of your allocation for that quarter was already requested on previous invoices. (See Lines B.)
- OR
- ◆ If "\$0.00" is being requested with the current invoice, even though there is a balance of unused funds.

Lines F

Balance of Available Funds for 1st, 2nd, 3rd, 4th Quarter

Enter the net figure of Line C minus the respective Line E1, E2, E3, E4. This should be the balance available (if any) for that quarter.

Total Drawdown for This Invoice

This is the combined total of one or more quarter's drawdown to be paid to you.

Add Lines E1, E2, E3 and E4. Enter total here.

Double check...



- ◆ Request amounts only up to, but not more than the total allocation for that quarter. Whole dollars—no cents.
- ◆ Make sure drawdown amount for current invoice (Lines E1, E2, E3 and E4) was not already invoiced on a previous document.
- ◆ Make sure the amount in "Total Drawdown For This Invoice" is correct.
- ◆ Make sure each invoice submitted to ODMH reflects all prior drawdown totals and updated balances, as this is the collective account of your Title XX fund activity with ODMH.
- ◆ Signature and date is included.

If you have any questions please contact:

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