COAAA
CENTRAL OHIO
AREA AGENCY ON AGING

For Over 25 Years

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COAAA Title III Reporting Instructions

Budget Tab

This worksheet populates the sheets in the rest of the file.

1. Enter your agency name, address, Tax ID, Contract Signatory, and their title
2. Enter name of the service, county served, unit of measure, and the total unit cost
3. Enter the expected grant funds, client contributions, and any other funds.
    a. Local cash match will auto calculate
    b. Specify the source of other funds
4. Enter the Client information
5. Home Repair/Maintenance/Modification ONLY: Enter $1 for the total unit cost.
    a. The number of units will be the total expense.
6. The reimbursable grant rate will auto calculate

Month Tab

The cells shaded in blue are variable each month.

1. Enter the Units, Clients, and New Clients for the month.
    a. **MEALS ONLY**: Report all qualified units even if it exceeds your budget
        i. You will only be reimbursed for the budgeted amount but the extra meals can help increase funding the following year.
    b. Do NOT report units in excess of your budget for any other service
        i. This does NOT increase funding and creates reporting issues
    c. Home Repair/Maintenance/Modification ONLY: The number of units will be the total expense (ex. $550.00 will be 550 units at $1 each).
2. Grant funds and local cash match will automatically calculate
3. Enter the Client Contributions, InKind, and any other funds.
4. The YTD expense will show the percentage of your budget used. All funds should be close to the percentage on line 28.
    a. If you need to change your budget for other funding sources please send a request to prollins@coaaa.org with a brief explanation.

Request Tab

1. Enter the Month Ending, Prepared By, Date, Phone, E-Mail, Agency Name, and Address
2. Enter only the payments received. DO NOT ENTER THE CURRENT PAYMENT REQUEST.
3. If you requested an advance it will automatically populate.
   a. COAAA will reduce or eliminate the advance if expenses are not on track or when the funds for services are expensed.
4. Print and sign request page each month.

Submission

1. Signed "Request" page from Excel
2. Month page from Excel
3. Copy of journal entry for any client contributions or program income.
4. SAMS service deliveries must be entered
   a. SAMS reports are not necessary except for Congregate Meals.
   b. Discrepancies between SAMS and submitted reports must be resolved before payment can be processed.

Please contact Ann Bauman with questions: 614-645-3865 or abauman@coaaa.org