

Instructions - Lighthouse/FAIR State Cost Share Accountability Form

At the top, enter the date the report is prepared, your agency name and the period covered.

- Line 1:** Enter the total amount of State Cost Share you collected for the year just ended.
- Line 2:** Enter the number of initial assessments conducted during the year just ended. (The form will automatically calculate this number X \$35).
- Line 3:** Enter the number of annual reassessments conducted during the year just ended. (The form will automatically calculate this number X \$35).
- Line 4:** Total of Lines 2 and 3.
- Line 5:** Balance (Line 1 - Line 4)
- Line 6:** Enter the amount of state cost share you carried over from the previous fiscal year.
- Line 7:** Enter the number of Lighthouse units provided with state cost share funds X \$16.00 and the total.
- Line 8:** Enter the number of FAIR *in-home* units provided with state cost share funds X \$14.00 and the total.
- Line 9:** Enter the number of FAIR *congregate* units provided with state cost share funds X \$8.00 and the total.
- Line 10:** Unexpended Balance: This is the amount you include on your In-Home Services Budget (Prior Year Carry-Over Fees). It is the sum of lines 5 and 6, minus the total of lines 6, 7 and 8. The unexpended balance on Line 10 must be equal to or less than the amount on Line 6.

Be sure to include the signature, title and phone number of the person completing the State Cost Share Accountability form.