



# Family-Centered Services and Supports (FCSS)

## Advance Expenditure Report

<b>SFY:</b>	<b>Sub-Awardee:</b>		
<b>Advance Expended During the Period of:</b>		<b>to</b>	
<b>Sub-Award Total:</b>			
<b>Services Provided with the Advance (Enter the dollar amount spent this period next to the service provided):</b>			
Non-Clinical In-Home Parent/Child		Transportation	
Non-Clinical Parent Support Groups		Parent Advocacy	
Parent Education		Social/Recreational Supports	
Respite		Service Coordination	
Mentoring		Structured Activities	
Safety & Adaptive Equipment		Youth/Young Adult Peer Support	
Other Services (not listed above)			
Enter dollar amount:			
List the other services provided below:			
<b>Amount of the Advance Received (calculates based on totals entered for services above):</b>			
<b>Remaining Sub-Award Balance:</b>			
Person Completing This Form (please print):		Title:	Date:
Phone Number:		E-Mail Address:	
<b>Sub-Awardee Certification</b>			
(Certification box requires signature of Administrative Agent or FCFC Coordinator/Director)			
I certify that the amounts recorded above represent expenditures in accordance with all articles of the Sub-Award and to the best of my knowledge, all requirements have been fulfilled.			
Signature:		Title:	Date:
Mailing Address:		City, State, Zip:	
Phone Number:		E-Mail Address:	