



AUDIT SCHEDULE

**Schedule of State Earnings
for Fiscal Year ____/____/____**

1	Total Expenditures	\$ _____
2	Less Other State and Federal Funds	(\$ _____)
3	Less Non-Match SAMH Funds	(\$ _____)
4	Less Unallowable Costs per 65E-14, F.A.C.	(\$ _____)
5	Total Allowable Expenditures (Sum of lines 1, 2, 3, and 4)	\$ _____
6	Maximum Available Earnings (Line 5 times 75%)	\$ _____
7	Amount of State Funds Requiring Match	\$ _____
8	Amount Due to Department (Subtract line 7 from line 6)	\$ _____



INSTRUCTIONS FOR COMPLETING AUDIT SCHEDULE OF STATE EARNINGS

Schedule of State Earning for Fiscal Year _____: Enter Fiscal Year Begin and End Dates.

- 1. Total Expenditures:** Enter total Agency expenditures for the fiscal year as reported on the Program/Covered Service Actual Expense and Revenue Audit Schedule.
- 2. Less other State and Federal Funds:** Enter total funding received from other state or federal agencies including Medicaid, as identified on the Schedule of Financial Assistance.
- 3. Less Non-Match SAMH Funds:** Enter total SAMH funds not requiring local match, as identified in the service provider contract.
- 4. Less Unallowable Cost:** Enter total unallowable costs per Chapter 65E-14, F.A.C.
- 5. Total Allowable Expenditures:** Enter the sum of Lines 1, 2, 3, and 4.
- 6. Maximum Available Earnings:** Enter the amount of Line 6 times 75%. This represents the maximum allowable earnings attributable to the state.
- 7. Amount of State Funds Requiring Match:** Enter the total amount of contract funds paid by the Department of Children and Families, Office of Substance Abuse and Mental Health, less line 3.
- 8. Amount Due to Department:** Subtract Line 7 from Line 6. If this amount is negative, the amount of the difference is due to the Department up to the amount of Line 7.