

# Vaccine Equity and Community Care

## Quarterly Financial Reporting and Monthly Program Reports

### Overview

#### What are the reporting requirements?



Monthly Program Survey



Quarterly Financial Report



Vaccine Event Survey

### Reports Required

#### Monthly Program Survey

- Submit one program report per month via an [online survey form](#).
- Combine data for community care (including outreach testing) and vaccine equity.
- Include data from sub-recipients and fiscally-sponsored providers.
- Due: 15<sup>th</sup> of the following month
- For assistance, email [CDC-OPHE-Support@maine.gov](mailto:CDC-OPHE-Support@maine.gov)

#### Quarterly Financial Report

- Revenue and Expenses
  1. **Agreement Budget** – Enter amounts from approved budget into the table (for each line item).
  2. **Accrual Year to Date** – Total revenue or expenditures for each line item, accumulated since the start of the contract.
  3. **Expenses as % of budget** – Will automatically calculate
- Key Dates and Deadlines
  1. **Due on the 30<sup>th</sup> day** of the month following the end of the quarter.
  2. If a QFR is turned in late, **your payment may be delayed.**
- Submission Notes
  1. Providers must certify and date each QFR upon completion.
  2. Budget Team, upon review, will sign and date the QFR and return it to the provider.
  3. Email reports to [Contract-Budgets.DHHS@maine.gov](mailto:Contract-Budgets.DHHS@maine.gov) & [CDC-OPHE-Support@maine.gov](mailto:CDC-OPHE-Support@maine.gov)

AGREEMENT BUDGET	ACCRUAL YEAR TO DATE	EXPENSES AS % OF BUDGET
\$ -	\$ -	
\$ -	\$ -	

Q1: Jan-March → Due **April 30**

Q2: April-June → Due **July 30**

Q3: July-Sept → Due **Oct 30**

Q4: Oct-Dec → Due **Jan 30<sup>th</sup>** (unless contract ends 12/31)

## Vaccine Events Survey

- Any vaccine pop-up events conducted must be logged and reported using the post-event survey shortly after the event.
- Providers may [complete the survey here](#).
- Survey collects the following information:
  1. **Date**
  2. **Location**
  3. **Providers**
    - If multiple providers work together on an event, each provider must submit their own survey.
  4. **Number of vaccinations issued**
  5. **All expenses from the start of the contract until March 31<sup>st</sup>**
    - If you have completed your December 2021 financial report, you can take the accrual amount and add in Jan-Mar 2022 expenses.
  6. **Post-event reflection**

**Vaccine Pop-Up's -- Post-Event Survey**

Instructions: Please complete this survey soon after your vaccine event so that the details are fresh in your mind. We are collecting this information to have record of the work that is being done by your organizations and in your communities. Responses are sent to the Maine OPHE Community Care team. Thank you!

\* Required

1. Organization Name \*
2. Email Address (if you want a copy of this survey sent to you)
3. Date of Event \*
4. Name of your vaccine event (optional)
5. Location of event (City/Town) \*



## Questions and Support

- Questions and requests for support may be submitted via email to [CDC-OPHE-Support@maine.gov](mailto:CDC-OPHE-Support@maine.gov).

## Which Months to Include on the QFR due April 30<sup>th</sup>?

- **Community Care providers:** The QFR includes Jan, Feb, and March.
- **Vaccine Equity providers:** The QFR includes Jan, Feb, and March, PLUS all accrued expenses as of December 31.