

**State of Illinois
DHS - DRS
Final Reconciliation Report**

Provider Legal Name: Mid-Valley Special Education Coop Provider FEIN/EIN Number: 366196796
 DHS/DRS Project Officer: Kathryn E Kaniewski Contract Number: 46CUD00146
 Total Contract Amount: \$ 67,474 Contract Category: STEP Performance

Budget Line Item	Total (A) Approved Budget	Actual (B) Expenditure	Amount (C) Earned
Program Expenses			\$0.00
Support Expenses			\$0.00
Occupancy Expenses			\$0.00
Admin. & Office Expenses			\$0.00
Other (Fixed Rate Contracts)			\$0.00
STEP Base Amount	\$20,242.00	\$17,275.00	\$17,275.00
STEP Performance	\$47,232.00	\$47,232.00	\$47,232.00
Contract Total	\$67,474.00	\$64,507.00	\$64,507.00

(D) Match Expenditure Total: Complete this portion if **Provider Match** is required _____

(E) Total amount payable by DHS/DRS this contract period (C) \$64,507.00

(F) Enter total payments received from DHS/DRS this contract period \$13,122.00

(G) Subtotal of lines E minus F \$51,385.00

(H) If G is a positive amount, that is the amount **OWED TO THE PROVIDER** \$51,385.00

(I) If G is a negative amount, that is the amount **OWED TO DHS** \$0.00

(J) Contract amount to be **Cancelled** (A minus C only if a positive number) \$2,967.00

Provider:  7/12/16
 Signature of Authorized Agent Date

Carla Cembalad, Executive Director
 Name of Authorized Agent

I have reviewed the above information and certify its accuracy.

 Signature of DHS/DRS Project Officer Date