

STATE OF ILLINOIS

DHS - DRS

FINAL RECONCILIATION REPORT

PROVIDER LEGAL NAME: Mid Valley Special Education Joint Agreement

PROVIDER FEIN/EIN #:

364196796

DHS/DRS PROJECT OFFICER: Kathryn E Kanlewski

CONTRACT #:

46CSD00146

TOTAL CONTRACT AMOUNT: \$78,720.00

Contract Category

STEP Performance

BUDGET LINE ITEM	TOTAL (A) APPROVED BUDGET	ACTUAL (B) EXPENDITURE	AMOUNT (C) EARNED
PROGRAM EXPENSES	\$0.00		\$0.00
SUPPORT EXPENSES	\$0.00		\$0.00
OCCUPANCY EXPENSES	\$0.00		\$0.00
ADMIN & OFFICE EXPENSES	\$0.00		\$0.00
OTHER (Fixed Rate Contracts)	\$0.00		\$0.00
STEP BASE AMOUNT	\$23,616.00	\$23,616.00	\$23,616.00
STEP PERFORMANCE	\$55,104.00	\$19,680.00	\$19,680.00
	(A)	(B)	(C)
CONTRACT TOTAL	\$78,720.00	\$43,296.00	\$43,296.00

(D) MATCH EXPENDITURE TOTAL 91047

(E) Total amount payable by DHS/DRS this contract period (C) \$43,296.00

(F) Enter total payments received from DHS/DRS this contract period \$19,680.00

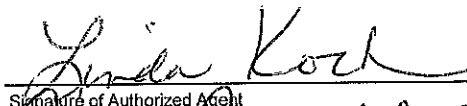
(G) Subtotal of lines E minus F \$23,616.00

(H) If G is a positive amount, that is the amount OWED TO THE PROVIDER \$23,616.00

(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) \$35,424.00

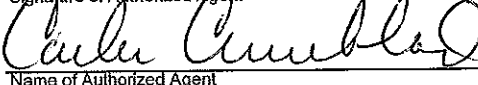
Provider:



7/15/2014

Signature of Authorized Agent

Date



Name of Authorized Agent

7/31/14

I HAVE REVIEWED THE ABOVE INFORMATION AND CERTIFY ITS ACCURACY.

DHS/DRS Project Officer:

Signature of Project Officer

Date

ALL CONTRACTS DUE NO LATER THAN FIFTEEN DAYS AFTER CONTRACT ENDING DATE