

CMIA PROGRAM COMPONENT PROFILE FOR SFY 2015

State Agency Name: [Click here to enter text.](#) **Agency #:** [Click here to enter text.](#)

Federal Program Title: [Click here to enter text.](#)

Title of TSA Program Component for which interest calculations are required (See TSA §6.3.2): [Click here to enter text.](#)

CFDA Number: [Click here to enter text.](#)

Revenue Source Code: [Click here to enter text.](#)

Fund Code: [Click here to enter text.](#)

Report the Program Component's total annual revenue for the year ended June 30, 2015 excluding the balance carried over from the prior year. This total should equal the total of all deposits including refund transactions of \$50,000 or more. See page 3 of the Instructions for guidance on refunds. \$ [Click here to enter text.](#)

List the federal or state agency from which you received this money: [Click here to enter text.](#)

Is this program component Pre-Issuance funded? YES NO

The TOTAL number of federal deposits during the year (Indicate number): [Click to enter text.](#)

How many did you sample (Indicate number or N/A)? [Click here to enter text.](#)

Did you have significant federally caused delays not captured in the sampling process, and did you report them in accordance with Page 3 of the Instructions? YES NO N/A

Did you have refund transactions of at least \$50,000 during the year? YES NO

For DOA to estimate an appropriate bank float, please list ONLY Federal Fund expenditures by the following categories to the closest dollar for this program/program component using either one of the two options below:

1) For the last 3 months of the 2015 fiscal year. You may use this option for administrative ease provided the Fiscal Officer certifies below that it reasonably reflects the expenditure activity for the year as a whole, or [Click here to enter text.](#)

2) For the year as a whole ended June 30, 2015. [Click here to enter text.](#)

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OPTION #1: FEDERAL FUND EXPENDITURE PROFILE FOR THE 4TH QUARTER, SFY 2015

<u>Expenditure Category</u>	<u>Estimated April, 2015 Expenditures</u>	<u>Estimated May, 2015 Expenditures</u>	<u>Estimated June, 2015 Expenditures</u>	<u>Total Estimated Expenditures April – June 2015</u>
Payroll by Check	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Payroll by Direct Deposit	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total Payroll	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
EDI Payments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
IAT Payments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
All Other Federal Expenditures	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total Federal Funds	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Fiscal Officer Opinion: The above 4th Quarter Expenditure Profile reasonably reflects the expenditure activity for the year as a whole (Check One): YES NO N/A

OPTION #2: FEDERAL FUND EXPENDITURE PROFILE FOR THE FISCAL YEAR ENDED JUNE 30, 2015

<u>Expenditure Category</u>	<u>Annual Dollar Expenditures</u>	<u>This is an Estimate (Yes/No)</u>	<u>This is the Actual Dollar Amount (Yes/No)</u>	<u>Source Document (for Actual \$)</u>
Payroll by Check	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
Payroll by Direct Deposit	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
Total Payroll	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
EDI Payments	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
IAT Payments	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
All Other Federal Expenditures	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
Total Federal Funds	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.

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Fiscal Officer Opinion: The above Expenditure Profile reasonably reflects the expenditure activity for the year as a whole (Check One): YES NO

Please provide the name, title, phone number and e-mail address of the Fiscal Officer responsible for the accurate reporting of the CMIA requirements:

Name: **Title:**
Phone: **Email:**

Please provide the name, title, phone number and e-mail address of the person or persons who completed the Program Component Profile and Worksheets.

Name: **Title:**
Phone: **Email:**

Click here to enter a date.
Signature of Fiscal Officer or Designee
Date

CMIA staff hours related to the interest calculations must be documented for the State Fiscal Year ended June 30, 2015. For each staff person involved in CMIA, report only the hours involved in the preparation of data used by DOA **for CMIA interest calculation purposes** for this Program as a whole (not just this program component). Report only the hours directly related to preparing and reporting the data needed for the interest calculations. Do not include the hours involved in other aspects of CMIA, such as normal disbursing services including deposit analysis for draw-downs, refund research, or TSA negotiations.

In the Table below, list each staff person by Role Title, Role Code and Pay Band, hours, and actual hourly rate. *Do not include fringe benefits. DOA will estimate fringe benefits.* Also, indicate the percentage that is federally funded and the percentage that is state funded. **(The name and SSN should NOT be included.)** See the example shown below in italics.

Role Title	Role Code	Pay Band	Hours	Hourly Rate	Percent Federal	Percent State
<i>Financial Specialist I (Example)</i>	<i>19031</i>	<i>4</i>	<i>16.5</i>	<i>\$16.78</i>	<i>50%</i>	<i>50%</i>
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