



MASSACHUSETTS
**Department of
Early Education and Care**



Cost Reimbursement Contracts

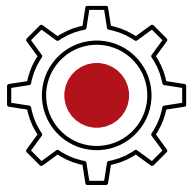
Fiscal Drop-in Session: *FY25 Reconciliation Reporting*

Welcome!

While waiting for others to join, check your Zoom settings and drop your full name, role and organization in the chat.

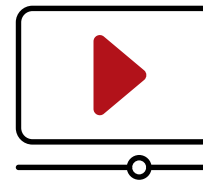


Update Your Name to display your Organization's name.



- In meeting controls, click "Participants"
- Hover over your name, click "..."
- Click "rename" to update to the name of your Organization as listed on the contract.

Technical Trouble?



- Send a message to the EEC Host

Housekeeping



Please feel welcome to place questions in the chat.



Questions will be answered as possible, and EEC will gather questions and respond to questions after the conclusion of this training.



When asked for feedback or comments by facilitators throughout the session, please “raise your hand” to be called on.



Please keep your microphone on mute to reduce feedback until you are looking to make a statement or ask a question.

Today's Agenda



- 1 Purpose and Objective of Reconciliation Reporting Process
- 2 Overview of Instructions and Process
- 3 Breakout Rooms by provider organization type.
 - Walk through examples of Reconciliation Reporting Process
- 4 Next steps and timeline



Purpose and Objective

Contract Provider Reconciliation Reporting

Purpose

- In Fiscal Year 2025, EEC issued advanced payments for the Income Eligible and Priority Populations Administration and Support Services Contracts.
- Four (4) advance bi-monthly payments were made for the service months of October 2024 through May 2025.
- This reconciliation report supports in reporting the actual costs incurred for the services months of October 2024 through June 2025 and calculating the final June service month payment.

Objective

- To determine the total expenses incurred by the Contract Provider in accordance with the approved budget.
- Contract Providers will have the opportunity to allocate excess funding to another contract within the same funding stream where overspending was determined and documented.

Reconciliation Report Contents

Instructions

Examples

Administrative
Cost
Reimbursement
Reporting

Support Services
Cost
Reimbursement
Reporting

EEC Approved
Contract Totals

EEC Payment
Report

Final Request for
Funds (RFF) Form

Instructions

EXAMPLE_Single Contract

EXAMPLE_Multi Contract

Admin

Support Services

EEC Approved Contract Totals

Payment Report

Final RFF Admin

Final RFF Support Services

Reconciliation Reporting Worksheet

	A	B	C	D	E	F	G	H	I	J
1	Contract Type	Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments	Remaining Contract Funds Available for June Payment (Column C - Column F)	Request for Reallocation of Funds	June Payment Request	Recovery of Funds (Column D-Column F - Column I)
2		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4	TOTAL DCF Admin		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5										
6										
7	Contract Type	Admin Cost Reimbursement 12-Month Budget	9 Month Budget	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments	Remaining Contract Funds Available for June Payment	Request for Reallocation of Funds	June Payment Request	Recovery of Funds (Column D-Column F - Column I)
8		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10	TOTAL Income Eligible Admin		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EEC Approved Contracts

	A	B	C	D	E	F	G	H	I	J	K
1	OID #	Provider	Slot Type	Type of Program	Funding Type	FCC Admin Contract Award Amount	FCC Admin Bi-Monthly (every other month for 4 payments)	5% Administrative Fee Amount	CB Bi-Monthly Admin (every other month for 4 payments)	Support Services Additional Reimbursement	Support Services Bi-Monthly (every other month for 4 payments)
2	123	ABC Provider	Center-Based Preschool	Center Based	DCF	\$0.00		\$52,479.91	\$8,746.65	\$440,160.00	\$73,360.00
3	123	ABC Provider	Center-Based Preschool	Center Based	Homeless	\$0.00		\$22,491.39	\$3,748.57	\$188,640.00	\$31,440.00
4	123	ABC Provider	Center-Based After School	Center Based	IE	\$0.00		\$4,196.16	\$699.36	\$0.00	
5	123	ABC Provider	Center-Based Infant	Center Based	IE	\$0.00		\$5,092.23	\$848.71	\$0.00	
6	123	ABC Provider	Center-Based Preschool	Center Based	IE	\$0.00		\$187,428.25	\$31,238.04	\$0.00	
7	123	ABC Provider	Center-Based Toddler	Center Based	IE	\$0.00		\$33,618.79	\$5,603.13	\$0.00	
8	123	ABC Provider	Family Child Care System - 2 Years and Over	FCC System	DCF	\$877,176.00	\$146,196.00	\$0.00		\$1,257,600.00	\$209,600.00
9	123	ABC Provider	Family Child Care System - Under 2 Years Old	FCC System	DCF	\$328,941.00	\$54,823.50	\$0.00		\$471,600.00	\$78,600.00
10	123	ABC Provider	Family Child Care System - 2 Years and Over	FCC System	Homeless	\$109,647.00	\$18,274.50	\$0.00		\$157,200.00	\$26,200.00
11	123	ABC Provider	Family Child Care System - Under 2 Years Old	FCC System	Homeless	\$109,647.00	\$18,274.50	\$0.00		\$157,200.00	\$26,200.00
12	123	ABC Provider	Family Child Care System - 2 Years and Over	FCC System	IE	\$350,870.40	\$58,478.40	\$0.00		\$0.00	
13	123	ABC Provider	Family Child Care System - Under 2 Years Old	FCC System	IE	\$105,261.12	\$17,543.52	\$0.00		\$0.00	

Payment Report

A	B	C	D	E	H	I	J	L
FY	Serv Fr	Serv To	VC#	Legal Name	Amount Paid	Payment Description	EFT Issue Da	Contract Type
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 8,746.65	DCF ADMIN	18-Dec-24	DCF CENTER BASED ADMIN
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 8,746.65	DCF ADMIN	20-Feb-25	DCF CENTER BASED ADMIN
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 201,019.50	DCF FCC ADMIN	18-Dec-24	DCF FCC SYSTEM ADMIN
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 201,019.50	DCF FCC ADMIN	20-Feb-25	DCF FCC SYSTEM ADMIN
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 361,560.00	DCF SUPPORTIVE ADD-ON	18-Dec-24	DCF SUPPORT SERVICES
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 361,560.00	DCF SUPPORTIVE ADD-ON	20-Feb-25	DCF SUPPORT SERVICES
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 38,389.24	IE ADMIN	24-Dec-24	IE CENTER BASED ADMIN
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 38,389.24	IE ADMIN	20-Feb-25	IE CENTER BASED ADMIN
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 76,021.92	IE FCC ADMIN	24-Dec-24	IE FCC SYSTEM ADMIN
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 76,021.92	IE FCC ADMIN	20-Feb-25	IE FCC SYSTEM ADMIN
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 3,748.57	PRIORITY POP ADMIN	24-Dec-24	PP CENTER BASED ADMIN
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 3,748.57	PRIORITY POP ADMIN	20-Feb-25	PP CENTER BASED ADMIN
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 36,549.00	PRIORITY POP FCC ADMIN	24-Dec-24	PP FCC SYSTEM ADMIN
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 36,549.00	PRIORITY POP FCC ADMIN	24-Feb-25	PP FCC SYSTEM ADMIN
2025	01-Dec-24	31-Jan-25	VC6000166271	ABC PROVIDER	\$ 83,840.00	PRIORITY POP SUPPORTIVE ADD-ON	24-Dec-24	PP SUPPORT SERVICES
2025	01-Feb-25	31-Mar-25	VC6000166271	ABC PROVIDER	\$ 83,840.00	PRIORITY POP SUPPORTIVE ADD-ON	20-Feb-25	PP SUPPORT SERVICES

Final Request for Funds Form (RFF)

MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE ADMINISTRATIVE CONTRACT FINAL REQUEST FOR FUNDS FORM (RFF)	
<p>A. Payment represents the final payment for the MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE ADMINISTRATIVE CONTRACT Administrative Cost Reimbursement Contract.</p> <p>B. Please complete and sign sections D, E, F, and H. The amount of June Service Month payment will be based on the final reconciliation of your contract.</p> <p>C. Please return this signed form on or before August 1, 2025 to EECPaymentVoucherSubmission@mass.gov. Email Subject line must read: Cost Reimbursement Final RFF and Organizations Legal Name</p>	
D. Legal Name: _____	
E. Legal Address: _____ (Street, City/Town/Zip)	
F. Name of Contract: DCF Administrative Contract	
Enter June Service Month Amount:	\$ <input type="text" value="-"/>
G. Name of Contract: Income Eligible Administrative Contract	
Enter June Service Month Amount:	\$ <input type="text" value="-"/>
H. Name of Person Completing Form (print clearly)	
Name: _____	
Telephone Number: _____	
E-Mail Address: _____	
I. Authorized Signatory:	
By signing you are certifying the following:	
1. The reconciliation report for your Cost Reimbursement Administrative Contract and payment request for June 2025 services is accurate and complete.	
2. All required documentation that supports the expenses reflected in the reconciliation report is on file at my organization in accordance the record keeping requirements.	
3. The reconciliation report and supporting documentation will be subject to audit by EEC and any other applicable state agency.	
Signature: _____	
Please Print Name: _____ Date: _____	
Please Print Title: _____	



Instructions

Contract Provider review of contracts and payments

EEC Approved Contract Totals

- Represents organizations approved Administrative and Support Services Cost Reimbursement Contracts
 - Includes amendment.
- Information includes
 - Slot Type
 - Type of Program
 - Funding Type
 - Award amounts
 - Bi/Monthly payments.

EEC Payment Reports

- Represents all payments received from EEC.
 - Unit Rate Contract Payments
 - Child Care Services
 - Transportation
 - Flex Pool
 - PFML
 - Cost Reimbursement Contracts
 - DCF Center Based/FCC Admin
 - IE Center Based/FCC Admin
 - PP Center Based/FCC Admin
 - DCF SUPPORT SERVICES
 - PP SUPPORT SERVICES

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Column A: Contract Type

This column is prepopulated and completed by EEC.

1. This column represents the type of Cost Reimbursement Contract.
 - Contracts are separated by funding source (DCF and Income Eligible).
2. The information in this column is derived from the EEC Approved Contract Totals tab.
3. Contract Providers must confirm all of their awarded contracts are listed.

A
Contract Type
DCF Center Based
DCF FCC System
TOTAL DCF Admin
Contract Type
Homeless Center Based
Homeless FCC System
IE Center Based
IE FCC System
TOTAL Income Eligible Admin

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Column B: Admin Cost Reimbursement 12-Month Maximum Obligation

This column is prepopulated and completed by EEC.

1. Review Columns B to confirm accuracy approved funding amounts based on the final Standard Contract Agreements, Budget, and Budget Amendments.
2. This column represents the Maximum Obligation of the Cost Reimbursement Contract based on the approved 12 Month budget.
3. The information in this column is derived from the EEC Approved Contract Totals tab.

A	B
Contract Type	Admin Cost Reimbursement 12-Month Maximum Obligation
DCF Center Based	\$52,479.91
DCF FCC System	\$250,000.00
TOTAL DCF Admin	
Contract Type	Admin Cost Reimbursement 12-Month Budget
Homeless Center Based	\$ 22,491.39
Homeless FCC System	\$ 219,294.00
IE Center Based	\$ 230,335.43
IE FCC System	\$ 456,131.52
TOTAL Income Eligible Admin	

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Column C: 9 Month Maximum Obligation

This column is prepopulated and completed by EEC.

1. Review Column C to confirm the accuracy of the 9-month budget is reflective of the 12 Month budget.
2. The formula to calculate this amount is the Maximum Obligation entered in Column B divided by 12 months x 9 months.

(Maximum Obligation/12) x 9

Example:

$\$250,000/12 = \$20,833.33$

$\$20,833.33 \times 9 = \$187,500$

\$187,500 is the 9-month Maximum Obligation

	A	B	C
		Admin Cost Reimbursement 12- Month Maximum Obligation	9 Month Maximum Obligation
1	Contract Type		
2	DCF Center Based	\$52,479.91	\$ 39,359.93
3	DCF FCC System	\$250,000.00	\$ 187,500.00
4	TOTAL DCF Admin		\$ 226,859.93

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Column D: Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025

This column is completed by the Contract Provider.

1. Enter the total funds expended or anticipated spending for each contract based on the approved budget for the contract period of 10/1/2024-6/30/2025.
2. This amount represents the total funds expended.
3. This amount can be less than, equal to, or more than the 9-month Maximum Obligation.

Contract Providers do not have to break down by individual budget line.

	A	B	C	D
		Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025
1	Contract Type			
2	DCF Center Based	\$52,479.91	\$ 39,359.93	\$ 30,000.00
3	DCF FCC System	\$250,000.00	\$ 187,500.00	\$ 200,000.00
4	TOTAL DCF Admin		\$ 226,859.93	\$ 230,000.00

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Column E: Variance (Contract Budget minus Provider Expenses)

This column contains a formula that is prepopulated.

1. This column will calculate the 9-month budget minus expenses.
2. If the contract is underspent, the amount will result in a positive number.
3. If the contract was overspent, the amount will reflect a negative number.

Formula

9-Month Max OB (Column C) minus Contract Provider Expenses (Column D) equal Variance (Column E)

	A	B	C	D	E
		Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)
1	Contract Type				
2	DCF Center Based	\$52,479.91	\$ 39,359.93	\$ 30,000.00	\$ 9,359.93
3	DCF FCC System	\$250,000.00	\$ 187,500.00	\$ 200,000.00	\$ (12,500.00)
4	TOTAL DCF Admin		\$ 226,859.93	\$ 230,000.00	\$ (3,140.07)

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Column F: Advance Payments received from October 2024 through May 2025

This column contains a formula that is prepopulated.

1. Confirm the total amount reflected represents the total amount of advance payments your organization has received.
 - Contract Providers received four (4) Advance Payments from the time period October 2024 through May 2025.

Payment timeframe	Service Months
October 2024	October and November 2024
December 2024	December 2024 and January 2025
February 2025	February and March 2025
April 2025	April and May 2025

A	B	C	D	E	F
Contract Type	Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments
DCF Center Based	\$52,479.91	\$ 39,359.93	\$ 30,000.00	\$ 9,359.93	\$ 34,986.61
DCF FCC System	\$250,000.00	\$ 187,500.00	\$ 200,000.00	\$ (12,500.00)	\$ 166,666.67
TOTAL DCF Admin		\$ 226,859.93	\$ 230,000.00	\$ (3,140.07)	\$ 201,653.28

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Column G: Remaining Contract Funds Available for June Payment

This column contains a formula that is prepopulated.

1. This amount reflects the remaining funds available for the June service month payment.

***9-month Maximum Obligation minus Advance Payments
Funds available for June Payment***

A	B	C	D	E	F	G
Contract Type	Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments	Remaining Contract Funds Available for June Payment
DCF Center Based	\$52,479.91	\$ 39,359.93	\$ 30,000.00	\$ 9,359.93	\$ 34,986.61	\$ 4,373.32
DCF FCC System	\$250,000.00	\$ 187,500.00	\$ 200,000.00	\$ (12,500.00)	\$ 166,666.67	\$ 20,833.33
TOTAL DCF Admin		\$ 226,859.93	\$ 230,000.00	\$ (3,140.07)	\$ 201,653.28	\$ 25,206.65

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Column H: Request for Reallocation of Funds

This column is completed by the Contract Provider.

- Where applicable, Contract Providers will have the opportunity to request for funds reallocation if expenses based on your approved budget exceeding (Column E) in one contract and was underspent (Column E) in a separate contract within the same funding stream and contract type.
 - For example, reallocation for DCF Admin contracts can only be done with another DCF Admin contract.
- To request for reallocation, the amount of underspent funds in Column E must be available and must be equal to or less than the variance calculated in Column E.
- For the contract that was underspent, enter the negative amount being allocated and a positive amount for the overspent line.
 - The total for Column H must net to zero.
- The reallocation of funds must be tracked within the Contract Provider's financial system.
- The calculation of reallocated funds will not be included the June payment.

A	B	C	D	E	F	G	H
Contract Type	Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments	Remaining Contract Funds Available for June Payment (Column C - Column F)	Request for Reallocation of Funds
DCF Center Based	\$52,479.91	\$ 39,359.93	\$ 30,000.00	\$ 9,359.93	\$ 34,986.61	\$ 4,373.32	\$ (9,359.93)
DCF FCC System	\$250,000.00	\$ 187,500.00	\$ 200,000.00	\$ (12,500.00)	\$ 166,666.67	\$ 20,833.33	\$ 9,359.93
TOTAL DCF Admin		\$ 226,859.93	\$ 230,000.00	\$ (3,140.07)	\$ 201,653.28	\$ 25,206.65	\$ -

A

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Column I: Remaining Contract Funds Available for June Payment

This column contains a formula that is prepopulated.

Request for June Payment Scenarios

SCENERIO 1

If funds have been reallocated, one of the two actions must be taken:

1. If the amount in Column H is a negative amount, a request for June payment cannot be made. Column I remains at zero.
2. If the amount in Column H is equal to or greater than zero, then a request for June Payment can be made. The request cannot be more than the total amount indicated in Column G.

SCENERIO 2

If there is no reallocation of funds, however the Contract provider spent more than what is reflective in the advance payment column, but less than the 9-month maximum obligation, a request for June payment can be made.

The formula for Column I (June Payment) is *Column G-Column E*.

SCENERIO 3

If entire 9-month obligation has been expended, request for June payment will be equal to Column G.

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F

G

H

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Column I: Remaining Contract Funds Available for June Payment

This column contains a formula that is prepopulated.

D	E	F	G	H	I
Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments	Remaining Contract Funds Available for June Payment (Col C less Col F)	Request for Reallocation of Funds	June Payment Request
\$ 30,000.00	\$ 9,359.93	\$ 34,986.61	\$ 4,373.32	\$ (9,359.93)	\$ -
\$ 200,000.00	\$ (12,500.00)	\$ 166,666.67	\$ 20,833.33	\$ 9,359.93	\$ 25,206.65
\$ 230,000.00	\$ (3,140.07)	\$ 201,653.28	\$ 25,206.65	\$ -	\$ 25,206.65

Recovery of Funds

Column J: Recovery of Funds

This column contains a formula that is prepopulated.

- If Column E indicates underspending, there is no reallocation of funds (Column H), and what was expended (Column D) is less than the advance payment (Column F), then recovery of funds (Column J) will be required.
 - The determination of Recovery of funds in Column J must be less than zero.
- The calculation for the recovery of funds:

Expenses minus **Advance Payments** minus **June Payment Request**
Column D **Column F** **Column I**

A	B	C	D	E	F	G	H	I	J
Contract Type	Admin Cost Reimbursement 12-Month Maximum Obligation	9 Month Maximum Obligation	Cost Reimbursement Reporting Total Spent 10/1/2024-6/30/2025	Variance Budget-Expenses: (Column C-Column D)	Advance Payments	Remaining Contract Funds Available for June Payment (Column C - Column F)	Request for Reallocation of Funds	June Payment Request	Recovery of Funds (Column D-Column F - Column I)
DCF Center Based	\$52,479.91	\$ 39,359.93	\$ 30,000.00	\$ 9,359.93	\$ 34,986.60	\$ 4,373.33	\$ -	\$ -	
TOTAL DCF Admin		\$ 39,359.93	\$ 30,000.00	\$ 9,359.93	\$ 34,986.60	\$ 4,373.33	\$ -	\$ -	\$ (4,986.60)

Recovery of Funds Instructions

- If Column J results in a negative amount, there was an overpayment of funds from EEC to your organization. Those funds must be returned to EEC in accordance with State Finance law.

– Checks made payable to: **Commonwealth of Massachusetts**

Mailing Address:

Department of Early Education & Care

50 Milk Street, 14th floor

Boston, MA 02241-4948

Attn: Accounting Unit

Final Request for Funds (RFF)

- Contract Providers will be required to complete the applicable Final Request for Funds Form tab in order to request for final June payment. Submission of the RFF must include a copy of the applicable Administrative and/or Support Services Reconciliation Report.
- The June Service Month Payment Amount will automatically populate from Column J on the Administrative Contract Report and/or the Support Services Contract Report.
- Final RFFs and Reconciliation reports are due on or before August 1, 2025. Reports must be sent to EECPaymentVoucherSubmission@mass.gov.
 - Email Subject line must read: *Cost Reimbursement Final RFF and Organizations Legal Name*.

MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE ADMINISTRATIVE CONTRACT FINAL REQUEST FOR FUNDS FORM (RFF)	
<p>A. Payment represents the final payment for the MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE ADMINISTRATIVE CONTRACT Administrative Cost Reimbursement Contract.</p> <p>B. Please complete and sign sections D, E, F, and H. The amount of June Service Month payment will be based on the final reconciliation of your contract.</p> <p>C. Please return this signed form on or before August 1, 2025 to EECPaymentVoucherSubmission@mass.gov. Email Subject line must read: <i>Cost Reimbursement Final RFF and Organizations Legal Name</i></p>	
D. Legal Name: _____	
E. Legal Address: _____ (Street, City/Town/Zip)	
F. Name of Contract: DCF Administrative Contract	
Enter June Service Month Amount:	\$ <input type="text" value="-"/>
G. Name of Contract: Income Eligible Administrative Contract	
Enter June Service Month Amount:	\$ <input type="text" value="-"/>
H. Name of Person Completing Form (print clearly)	
Name: _____	
Telephone Number: _____	
E-Mail Address: _____	
I. Authorized Signatory:	
By signing you are certifying the following: 1. The reconciliation report for your Cost Reimbursement Administrative Contract and payment request for June 2025 services is accurate and complete. 2. All required documentation that supports the expenses reflected in the reconciliation report is on file at my organization in accordance the record keeping requirements. 3. The reconciliation report and supporting documentation will be subject to audit by EEC and any other applicable state agency.	
Signature: _____	
Please Print Name: _____ Date: _____	
Please Print Title: _____	



Update Your Name to display your Organization's name.

- In meeting controls, click "Participants"
- Hover over your name, click "..."
- Click "rename" to update to the name of your Organization as listed on the contract.

Breakout Rooms



Next Steps and Timeline

Timeline and Next Steps





Next Fiscal Drop In Session

May 2025

Topics:

- Reconciliation Reporting Technical Assistance
- Uniform Financial Report (UFR)