



Consumer Support Grant Expenditure Plan Instructions

Step 1: Personal Information- On the first page of the Consumer Support Grant Expenditure plan fill in the Date you are completing the form, Date of Birth, Participant Name and Participant Address. Next, fill in the PMI number. If you do not know the PMI number, you do not have to fill it in. Next, if you have a case manager you will enter their name. If you do not have a case manager, you will enter Admin CSG for Administrative Consumer Support Grant. Fill in the participant's parent's name (or Legal Representative) phone number and email address. Fill in the Financial Management Service (FMS) you have chosen, the contact name, phone number and email.

Step 2: Grant Period- The date span of your grant can be found on your Administrative Consumer Support Grant Introduction Letter that was mailed to you.

Step 3: Monthly Grant Amount- The monthly grant amount can be found on your Administrative Consumer Support Grant Introduction Letter that was mailed to you. The **Annual Grant Amount** is your monthly grant amount multiplied by the number of months in your grant period. **For example if your grant is 12 months in length:**

Grant Period is 9/01/2020-8/31/2021

Monthly Grant Amount: \$1090.00

Annual Grant Amount: \$1090.00 x 12 months= \$13,080.00 for Annual Grant Amount

OR

If your grant date span is split due to a reduction, you will fill out two expenditure plans, one month at last year's monthly grant amount and 11 months at the new monthly grant amount.

Please Note: If you have a reduction in your Consumer Support Grant, please contact the Carver County Health and Human Services Consumer Support Grant Review Team for assistance with the Expenditure Plans.

An Example of an 11 month date span:

10/01/2020-08/31/2021

Monthly Grant Amount: \$986.00

Annual Grant Amount: \$986.00 x 11 = \$10,846.00

5% County Administration Fee- Multiply the number of months in your grant by 5%. **For example:**

Annual Grant Amount: \$13080.00 x 5% = \$654.00

5% County Administration Fee: \$654.00

Annual Grant Amount Less County Admin Fee- Take your annual grant amount and subtract the 5% county administration fee. **For example:**

$$\$13080.00 - \$654.00 = \$12,426.00$$

Annual Grant Amount less the 5% Consumer Support Grant Administration Fee: \$12,426.00

Step 4: Date of Health & Safety Plan- This will be the date you filled out the Health & Safety Plan. **Date of CSP (Community Support Plan)** - The Community Support Plan is the plan you received from the assessor that completed your MN Choices assessment.

Step 5: Page 2- FMS (Financial Management Service) Allowable Grant Amount is the Annual Grant Amount Less County Administration Fee.

Step 6: Identify the services that have been chosen for the Consumer Support Grant participant.

INFORMAL SUPPORTS: This is the same as Informal Supports on the Consumer Support Grant Narrative Plan. List all staff that will be providing support on the plan, including paid parent. Examples include paid parent, support staff, caregiver relief and related expenses.

Unit = Hours per week

Rate = Hourly Wage

Number of Units = Total Weeks per Year

Total Cost= Hours per week x Hourly wage x Total Weeks per year

Enter Informal Support Total

FORMAL SUPPORTS: This is the same as Formal Supports on the Consumer Support Grant Narrative Plan. List the agencies that you have identified to use. For Example: West Metro Learning Connections.

Unit = this may be left empty

Rate = Cost for each session or camp or visit

Number of Units = Total number of sessions or camps or visits

Total Cost= multiply the rate times the number of units to get your total cost for Formal Support.

Enter Formal Support Total

SERVICES AND GOODS: This is the same as Services and Goods on the Consumer Support Grant Narrative Plan. List all services and items you have chosen.

Unit = this may be left empty

Rate = Cost for each service or item

Number of Units = Total number of services or items that will be purchased

Total cost=multiply the rate times the number of units to get your total cost for Services and Goods.

Enter Services and Goods Total

OTHER: You are required to use a **Financial Management Service (FMS)** to manage the Consumer Support Grant funds. There will be **FMS Fees** for using these services. The cost of the Financial Management Service (FMS Fees) will need to be included in the Consumer Support Grant budget. If applicable, the Financial Management Service will assist you in paying your providers, assist with **Payroll Withholdings** responsibilities you may have as an employer, assist with **PTO fees**. If applicable, the Financial Management Service will assist with payment of goods/services. Enter the totals on the Consumer Support Grant Expenditure Plan under the category **OTHER**.

Financial Management Service Fees: Fees vary depending on the Financial Management Service- **please reach out to your Financial Management Service to help determine the fees and if applicable, payroll withholdings**. If you need assistance contacting the Financial Management Service, please contact the Consumer Support Grant Administrative Review Team at **952-361-1092** or by email at hhscsgreviewteam@co.carver.mn.us

Support Planner-If a **Support Planner** is used to assist in developing a Consumer Support Grant plan, please enter the fee for the support planner.

Enter the total for the applicable items under the OTHER category.

Step 7: Enter the total of all categories in the **ANNUAL TOTAL OF ALL CATEGORIES** at the bottom of the form. The Annual Total **cannot exceed** the **Annual Grant Amount Less County Admin Fee**. Sign your Expenditure plan and send in for approval along with Signature forms and Plan forms.

Completed paperwork can be mailed to:

Carver County Health and Human Services

Attn: HCBC HHS CSG Review Team

602 East Fourth Street

Chaska, MN 55318

OR

You can send to our email: HHSCSGReviewTeam@co.carver.mn.us

OR

You can place completed paperwork in the Social Services drop box located in the parking lot of our 602 East Fourth Street address Attention: HCBC HHS CSG Review Team

Please contact us at [952-361-1092](tel:952-361-1092) or email us at HHSCSGReviewTeam@co.carver.mn.us if you have any questions.