COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Commissioner

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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging
Finance Directors

FROM: **Marica Monroe**

DATE: October 9, 2012

SUBJECT: Chronic Disease Self Management Program Closeout reports

Please read carefully and follow instructions.

The Chronic Disease Self Management Program closeout reports should be completed and electronically submitted to the Department for Aging and Rehabilitative Services by the close of business, **November 15, 2012**. This report is to be used by Area Agencies on Aging (AAAs) to report cumulative expenditures and receipts for the period March 31, 2010 through September 30, 2012. Please name your file, "Final AMR-ARRA CDSMP Closeout PSA xx," when emailing your submission to reports@vda.virginia.gov. Insert your PSA number in the characters denoted by xx.

The following tabs must be completed and submitted and are included within the workbook.

- **CDSMP and Cash CDSMP:** Please ensure all CDSMP funds received from DARS are included and that recorded amounts reconcile to your internal accounting system. **Also, please ensure that agency disbursements appearing on the CDSMP tab reconciles to disbursements appearing on the Cash CDSMP tab.**

- **Jobs:** Please make sure job hours for are cumulative from March 31, 2010 – September 30, 2012. Also, please include the job title and a brief description of the jobs included within the cumulative job hours reported. Job hours should include cumulative hours paid using CDSMP funds.

- **Vendors:** Activity should be cumulative and include the following:
    - vendor payments where the individual payment is in excess of $25K

- or, payments where there is a contractual obligation with a single vendor and the contractual obligation is in excess of $25K.
- When vendor payment information is provided please provide each vendor's DUNS number where possible. If a DUNS number is not available, you must provide BOTH the vendor name and vendor HQ zipcode+4.