INSTRUCTIONS FOR COMPLETING THE ANNUAL FINANCIAL REPORT
Review the following instructions prior to completing the FP007
Items are to be included ONLY ONCE as a revenue or expense

Residency Program Name	Provide the name of the residency program as it appears on the current agreement
Physical Address	Actual location of the Family Practice Residency Program
Mailing Address	Location where all correspondence from the Coordinating Board is sent
Phone Number	Phone Number of Program Director
Fax Number	Number where faxes can be sent
Program Director	Name and degree
E-Mail Address	Current e-mail address for Program Director
Program Administrator	Name and title
E-Mail Address	Current e-mail address for Program Administrator
REVENUE	
A. Coordinating Board Family Practice (CBFP) Funds	
1. Unexpended Balance on CBFP funds	Funds received before FY 2004 that were not spent as of August 31, 2003
2. Unexpended Interest on CB funds	Report any interest earned on CB money remaining from prior fiscal years
3. Operational Grant	Report the actual amount on the contract
4. GME Fund	Report all CB funds received under the Graduate Medical Education Program in the fiscal year covered by the report (do not include monies in this line that are received from your medical school, medical school funds are reported in Section E)
5. Rural Rotation Grant	Report all Rural Rotation funds received
6. Public Health Rotation Grant	Report all Public Health Rotation funds received
B. Professional Service Revenue	
1. Total Gross Charges for Professional Services	Defined as the full, undiscounted charges for all services the program provides
2. Total Net Collections on Professional Services	Revenue collected from patients and 3rd party payors for services less any refunds and contractual adjustments

3. Amount of Net Collections for Residency Program	Include only collections available for residency program activities during the given fiscal year
C. Amount Non-reimbursable Indigent Care	The full, undiscounted value of services provided to unfunded or under-insured patients who meet the qualifications for medical or financial indigency as determined by state and federal guidelines
D. Affiliated Hospital Support	
1. Direct financial support for the FP Residency Program	Including any actual stipends and/or benefits paid directly to or for residents by the hospital
2. In-kind support	List all donated items or services by the hospital
3. Medicare Indirect Payment for medical education	From hospital cost report data (most recent available)
4. Medicare Direct Payment for medical education	From hospital cost report data (most recent available)
E. Affiliated Medical School	
1. Direct financial support to the Program	Monies from the medical school spent for resident program activity costs
2. Other direct financial support to the Program	Monies from the medical school for all other purposes
3. In-kind support	List all donated items or services provided by the medical school
F. Local/Community and Philanthropy/Foundations	
1. City/County/Other Local Government payments to the Program	For services and / or direct education costs
2. Financial contributions to the Program by philanthropic organizations, foundations, corporations	Includes gifts and donations of any kind
3. In-kind supports	List all donated items or services provided
G. Federal Funding: Training grants, AHEC funds, etc.	Total budgeted amount available for this fiscal year activities
H. Other Funds (list below)	
1. Specific Legislative funds	Line Item Appropriation directly to FP Residency Program
2. Contracts, grants, affiliations	Additional professional services, public health contracts, medical director for other agencies

3. Non-Coordinating Board Rural Rotations funds	Any funds received from other entities by the program for rural rotations
I. Total Revenue All Source of Funds	Include all subtotals A through H in Total – revenue items should only be counted once
EXPENDITURES	
A. Resident Compensation	
1. Stipends	Salary compensation paid to the resident for being in the residency program
2. Fringe benefits	Follow items listed on the form
3. Rural Rotation	Stipend paid to residents for completing a Rural Rotation
4. Professional liability	For residents only
Subtotal	**A.1 through A.4**
B. Faculty Compensation	
1. Total Salaries	Salary compensation paid to faculty for being faculty (amount guaranteed by employment contract)
2. Fringe Benefits	Follow items listed on the form
3. Professional liability	For faculty only
Subtotal	**B.1 through B.3**
C. Support Personnel Compensation	
1. Salaries and Wages	No explanation needed
2. Fringe Benefits	Explanation on form is sufficient
Subtotal	**C.1 through C.2**
D. Operating Expenses	
1. Building Expenses	Rent, repairs, utilities, insurance, telephone, maintenance, facilities use
2. Administrative Overhead	Professional services, institutional development, administrative overhead, and other mandated deductions, such as taxes or other allocated deductions charged by your institution – NOT facilities use fee
3. Academic Office Support Expense	Expendable supplies, misc. services, postage, copy costs, small equipment, etc.
4. Non-Individual Liability	Cost of program insurance coverage if purchased
5. Clinic/ Medical Support Expense	Expendable supplies, disposable medical supplies, ancillary expenses, patient billing overhead – if not part of administrative overhead, etc.

6. Professional Development/Academic Enhancement	For both faculty and residents
7. Fees	Accreditation, legal, NOT professional licensure for physicians and staff
8. Consultant Fees and Costs	No explanation needed
9. Other	List as attachment
Subtotal	**D.1 through D.9**