

Executive Order 38 – Determination Worksheet



Executive Order #38

EO-38 Covered Provider Determination Worksheet

Provider Name

Covered Reporting Period From To

Prepared By First Name MI Last Name

Title

Affiliation of Preparer

Please provide Company Name, Relationship to the company if different from Provider

Company Name
(Optional)

Relationship to Company
(Optional)

NOTES

Please review the guidance, regulations, definitions and terminology before completing this form.

Enter all dollar values as whole numbers.

The method of accounting used by the individual/entity in producing the annual financial reports shall be used in all EO-38 calculations.

Individuals/entities must keep all supporting documentation used for the disclosure statement (including, but not limited to, any of the recommended EO-38 Worksheets used in the process) and must be able to provide that documentation upon request.

Date Prepared : Wed Jun 11 11:29:41 EDT 2014

A. INITIAL EXEMPTION

1. Is the individual/entity a State, County or local governmental unit, a tribal nation, or subdivision/subsidiary thereof?

Yes No [?](#)

This section will familiarize the user on the methods used to navigate through the Determination Screen.

Determination

From the Executive Order 38 webpage <http://executiveorder38.ny.gov> click the **Determination** link.

The top of the form asks you for information like Provider Name, Covered Reporting Period and who the form was prepared by. Most of this section is has free text fields where you can type whatever you would like.



Executive Order #38

EO-38 Covered Provider Determination Worksheet

Provider Name	ABC Provider		
Covered Reporting Period	From		To
Prepared By	Don	M	Blue
Title	Accountant		
Affiliation of Preparer	Employee		
Please provide Company Name, Relationship to the company if different from Provider			
Company Name (Optional)		Relationship to Company (Optional)	

The **Covered Reporting Period** is asking for a Date Range. When you click on the From or To field, you will be able to select a Year, Month and Day from the calendar.

EO-38 Covered Provider Determination Worksheet

Provider Name	ABC Provider		
Covered Reporting Period	From		To
Prepared By	Don	Jun	
Title	Accou	2014	
Affiliation of Preparer	Emplo		
Please provide Company Name, Relationship to the company if different from Provider			
Company Name (Optional)		Relationship to Company (Optional)	

NOTES

Please review the guidance, regulation

Enter all dollar values as whole number

The method of accounting used by the i

Individuals/entities must keep all supporting documentation used for the disclosure statement (including, but not limited to, any of the

You can use the dropdown for the Month or the Year.

From To

Don Jun

Accou 2014

Emplo

se pro

Su Mo Tu We Th Fr Sa

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

ulation

umber

by the i

supp

- A**  **Dropdown arrow** can be used for the Month or the Year to select a different Month of Year.
- B**   **Back and Forward arrow** allows you to move back a month or move forward a month.
- C** **Day** – Once you have changed the Month and Year, click on the day from the Calendar.

The first section on the form is the **Initial Exemption** section.

A. INITIAL EXEMPTION

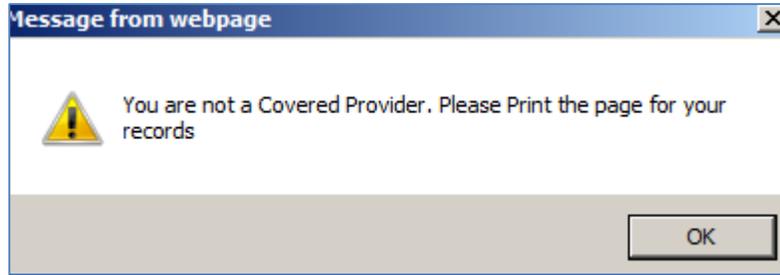
1. Is the individual/entity a State, County or local governmental unit, a tribal nation, or subdivision/subsidiary thereof? Yes No 

Choose **Yes** or **No** by clicking the Radio Button for that selection.

Yes No 

While filling out the Determination form you will either receive a message that you are not a covered Provider, or you will continue to fill out the form, based on your answers.

This is the message you will see if, based on your answers, it is determined that you are not a Covered Provider.



Example: If you receive the message that you are not a Covered Provider, you will Click the **OK** button and a pdf will open of the form, that you can print for your records.



Executive Order #38 Covered Provider Determination Worksheet

Date Prepared: Thu Jun 12 10:00:41 EDT 2014

Based on your responses in the Determination Section, it has been determined that you are NOT a covered provider. Your answers in this section will NOT be retained within the EO 38 system. Therefore, it is strongly recommended that you print and/or save this determination worksheet to produce in the event of an audit. It will serve to demonstrate your compliance with Executive Order #38. In addition, you should complete the determination section on an annual basis.

Provider Name	ABC Provider
Covered Reporting Period	From: 07/01/2013 To: 06/30/2014
Prepared By	Don M Smith
Title	Accountant
Affiliation of Preparer	Employee
Preparer's Company Name	
Relationship to Company	

A. INITIAL EXEMPTION	
1. Is the individual/entity a State, County or local governmental unit, a tribal nation, or subdivision/subsidiary thereof?	Yes

While filling out the form, you will notice that there are information icons throughout the form. Hovering over these information icons will offer you more information about that section.



Hover over the icon:

A. INITIAL EXEMPTION

1. Is the individual/entity a State, County or local governmental unit, a tribal nation, or subdivision/subsidiary thereof? Yes No 

Municipality: State, county, and local governmental units in New York State, and tribal governments for the nine New York State recognized nations, and any subdivisions or subsidiaries of the foregoing entities.

The **Reporting Periods** section has date fields to choose the date for the Covered Reporting Period for the one-year period immediately preceding the Covered Reporting Period(CRP). The Covered Reporting Period dates auto-fill based on your answer earlier on the form.

A. INITIAL EXEMPTION

1. Is the individual/entity a State, County or local governmental unit, a tribal nation, or subdivision/subsidiary thereof? Yes No 

B. REPORTING PERIODS

2. What is the Covered Reporting Period(CRP)? 

2a. What is the Reporting Period for the one-year period immediately preceding the Covered Reporting Period(CRP)?

C. PROGRAM SERVICES

3. Did the individual/entity provide Program Services during the CRP? Yes No 

Choose **Yes** or **No** for the **Program Services** question.

Note: If more of the form opens to fill out after answering question 3, you will notice an area where you can open the **State Funds/State Authorized Payments (SF/SAP) Worksheet**. Click the **SF/SAP Calculation Worksheet** link.

C. PROGRAM SERVICES

3. Did the individual/entity provide Program Services during the CRP? Yes No 

STATE FUNDS/STATE AUTHORIZED PAYMENTS(SF/SAP) - To complete the remainder of the worksheet, the SF/SAP must first be calculated for the CRP and the year prior. Proceed to the guidance and the associated [SF/SAP Calculation Worksheet](#). When finished, return to complete this form using the SF/SAP calculations.

D. ADDITIONAL EXEMPTIONS

4. Did the individual/entity qualify for any of the following exemptions during the CRP:

Continue filling out the Determination form by answering the **Additional Exemptions** questions.

D. ADDITIONAL EXEMPTIONS

4. Did the individual/entity qualify for any of the following exemptions during the CRP:

a. The individual/entity is an individual professional, partnership or S-Corporation that meets certain thresholds. Yes No 

b. The individual/entity provides primarily or exclusively products rather than services using SF/SAP. Yes No 

c. All of the SF/SAP received by the individual/entity are derived from certain child care subsidies. Yes No 

d. The individual/entity received SF/SAP exclusively from/through a state agency that has promulgated a specific exemption from "covered provider status" that is applicable to the organization. Yes No 

For the State Funds/State Authorized Payments(SF/SAP) received section, enter the values for the SF/SAP received from all sources during the CRP (Question 5) and the SF/SAP received from all sources during the one-year period immediately preceding the CRP (Question 6).

E. STATE FUNDS/STATE AUTHORIZED PAYMENTS(SF/SAP) RECEIVED	
5.What is the total amount of SF/SAP received from all sources during the CRP?	\$ <input type="text"/> 
6.What is the total amount of SF/SAP received from all sources during the one-year period immediately preceding the CRP?	\$ <input type="text"/> 
6a.Average of lines 5 and 6. <input type="button" value="Calculate"/>	\$ <input type="text"/>

Once question 5 and 6 are filled in, Click **Calculate** for question 6a.

E. STATE FUNDS/STATE AUTHORIZED PAYMENTS(SF/SAP) RECEIVED	
5.What is the total amount of SF/SAP received from all sources during the CRP?	\$500000 
6.What is the total amount of SF/SAP received from all sources during the one-year period immediately preceding the CRP?	\$501000 
6a.Average of lines 5 and 6. <input type="button" value="Calculate"/>	\$500500

For the **Total In-State Revenues**, fill in the total amount of “in state” revenues received during the CRP (Question 7), then fill in the total amount of “in state” revenues received during the one-year period immediately preceding the CRP (Question 8).

F. TOTAL IN-STATE REVENUES	
7.What is the total amount of "in state" revenues received during the CRP?	\$ <input type="text"/>
8.What is the total amount of "in state" revenues received during the one-year period immediately preceding to the CRP?	\$ <input type="text"/>
9.SF/SAP as a percent of "in-state" revenues received in the CRP. <input type="button" value="Calculate"/>	<input type="text"/> %
10.SF/SAP as a percent of "in-state" revenues received during the one-year period immediately preceding the CRP. <input type="button" value="Calculate"/>	<input type="text"/> %

Once you enter a value for Question 7, Click **Calculate** for Question 9.

F. TOTAL IN-STATE REVENUES	
7.What is the total amount of "in state" revenues received during the CRP?	\$502000
8.What is the total amount of "in state" revenues received during the one-year period immediately preceding to the CRP?	\$ <input type="text"/>
9.SF/SAP as a percent of "in-state" revenues received in the CRP. <input type="button" value="Calculate"/>	99.60 %

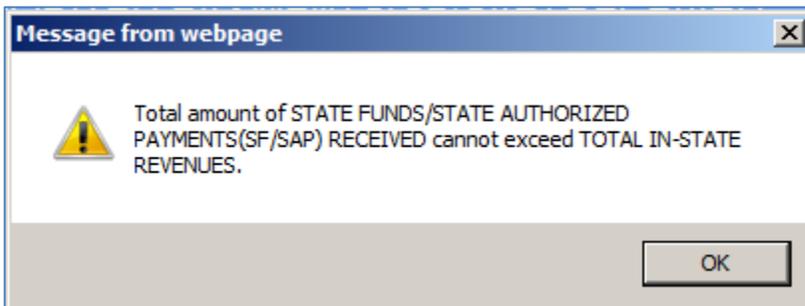
Note: The Total amount of State Funds/State Authorized payments (SF/SAP) received cannot exceed the Total In-State revenues, otherwise you will get the following error.



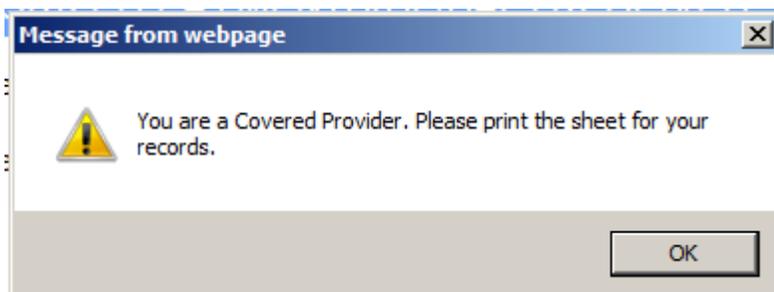
Once you enter a value for Question 8, Click **Calculate** for Question 10.

F. TOTAL IN-STATE REVENUES	
7. What is the total amount of "in state" revenues received during the CRP?	\$500100
8. What is the total amount of "in state" revenues received during the one-year period immediately preceding to the CRP?	\$502000 x
9. SF/SAP as a percent of "in-state" revenues received in the CRP. <input type="button" value="Calculate"/>	99.98 %
10. SF/SAP as a percent of "in-state" revenues received during the one-year period immediately preceding the CRP. <input type="button" value="Calculate"/>	

Note: The Total amount of State Funds/State Authorized payments (SF/SAP) received cannot exceed the Total In-State revenues, otherwise you will get the following error.



Once you click Calculate for Question 10, if you do not get the above message, you will get the following message, stating that you are a Covered Provider:



Click **OK** and the PDF will open that you can print for your records.



Executive Order #38 Covered Provider Determination Worksheet

Date Prepared: Thu Jun 12 11:45:53 EDT 2014

Based on your responses in the Determination Section, it has been determined that you ARE a covered provider. Your answers in this section will NOT be retained within the EO 38 system. Therefore, it is strongly recommended that you print and/or save this determination worksheet to produce in the event of an audit. It will serve to demonstrate your compliance with Executive Order #38. In addition, you should complete the determination section on an annual basis. You are now REQUIRED to proceed to the Disclosure Section and log in to complete your Disclosure in accordance with Executive Order #38.

Provider Name	ABC Provider
Covered Reporting Period	From: 07/01/2013 To: 06/30/2014
Prepared By	Don M Smith
Title	Accountant
Affiliation of Preparer	Employee
Preparer's Company Name	
Relationship to Company	

A. INITIAL EXEMPTION	
1. Is the individual/entity a State, County or local governmental unit, a tribal nation, or subdivision/subsidiary thereof?	No
B. REPORTING PERIODS	
2. What is the Covered Reporting Period(CRP)?	From: 07/01/2013 To: 06/30/2014
2a. What is the Reporting Period for the one-year period immediately preceding the Covered Reporting Period(CRP)?	From: To:
C. PROGRAM SERVICES	
3. Did the individual/entity provide Program Services during the CRP?	Yes
D. ADDITIONAL EXEMPTIONS	
4. Did the individual/entity qualify for any of the following exemptions during the CRP:	
a. The individual/entity is an individual professional, partnership or S-Corporation that meets certain thresholds.	No
b. The individual/entity provides primarily or exclusively products rather than services using SF/SAP.	No
c. All of the SF/SAP received by the individual/entity are derived from certain child care subsidies.	No
d. The individual/entity received SF/SAP exclusively from/through a state agency that has promulgated a specific exemption from 'covered provider status' that is applicable to the organization.	No
E. STATE FUNDS/STATE AUTHORIZED PAYMENTS(SF/SAP) RECEIVED	
5. What is the total amount of SF/SAP received from all sources during the CRP?	\$500,001
6. What is the total amount of SF/SAP received from all sources during the one-year period immediately preceding the CRP?	\$501,000
6a. Average of lines 5 and 6.	\$500,500.50
F. TOTAL IN-STATE REVENUES	
7. What is the total amount of "in state" revenues received during the CRP?	\$500,200
8. What is the total amount of "in state" revenues received during the one-year period immediately preceding the CRP?	\$502,000
9. SF/SAP as a percent of 'in-state' revenues received in the CRP.	99.96%
10. SF/SAP as a percent of 'in-state' revenues received during the one-year period immediately preceding the CRP.	99.8%

Note: Above the Initial Exemption question and below the Date Prepared line is a link to print the Determination screen. By clicking [Print Determination Worksheet](#), the above pdf will open.

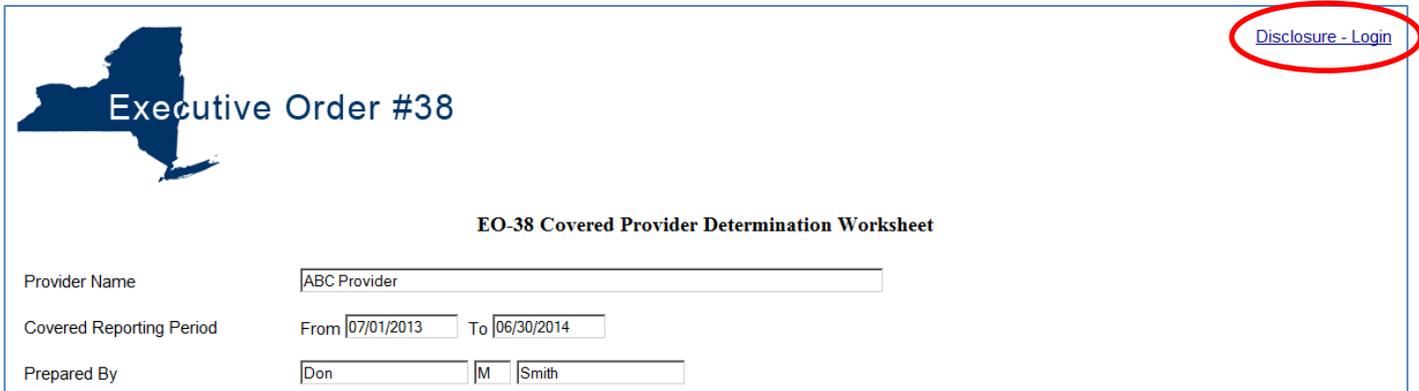
Date Prepared : Thu Jun 12 09:43:30 EDT 2014

[Print Determination Worksheet](#)

A. INITIAL EXEMPTION

[Disclosure Login](#)

After completing the Determination form, you can go to the Disclosure screen, by clicking the **Disclosure – Login** link.



[Disclosure - Login](#)

Executive Order #38

EO-38 Covered Provider Determination Worksheet

Provider Name

Covered Reporting Period From To

Prepared By

This will take you to the **Disclosure Login** Screen.



Executive Order #38

[HOME](#) | [FAQ](#) | [GUIDANCE](#) | [DETERMINATION](#) | [CONTACT](#)

Disclosure - Login

Username *

Enter your Grants Gateway username.

Password *

Enter the password that accompanies your username.

If you are a covered provider and do not have an account, please contact the state agency that provides you the greatest amount of funding.

[PRIVACY POLICY](#) | [DISCLAIMER](#) | [ACCESSIBILITY](#)