

Instructions for Completion of Form SSA-4513

Heading

Enter official name of agency, State, fiscal year being reported, and the period from October 1 of that fiscal year through the end of the calendar quarter for which you are reporting.

Column Entries

Column A, Disbursements – Enter cumulative disbursements through the end of report period.

Column B, Unliquidated Obligations – Enter amount of all unliquidated obligations as of the ending date of report period.

Column C, Total Obligations – Automatically calculated (sum of Column A and B) to reflect the total cumulative obligations effective at the end of report period.

Line Entries

Line 1, Personnel Costs – Enter the salary costs and fringe benefits paid to personnel for time devoted to SSA disability programs.

Line 2, Medical Costs – Automatically calculated (sum of 2a and 2b) to reflect the total costs incurred for the purchase of CE/MER for all SSA disability program titles.

Line 2a, Consultative Examinations – Automatically calculated (sum of 1 thru 3) to reflect the total cost for CE's.

Line 2a(1-3) DI, SSI, Concurrent Claims – Enter costs incurred for the purchase of CE's by SSA disability program title.

Line 2b Medical Evidence of Record – Automatically calculated to reflect the total cost for MER (sum of 1 thru 3).

Line 2b(1-3) DI, SSI, Concurrent Claims – Enter costs incurred for the purchase of MER by SSA disability program title.

Line 3, Indirect Costs – Enter total indirect charges which were obligated in accordance with approved State-wide cost allocation agreements or charged by the State Parent Agency.

Line 4, All Other Nonpersonnel Costs – Automatically calculated from entries made in the categories listed in 4(a through j).

Line 4(a thru j) - Enter amount obligated for each category listed under All Other Nonpersonnel Costs per POMS DI 39506.809.E.

Line 5, Total – Automatically calculated to reflect the sum of the line entries for columns A, B, and C.

Line 6, Cumulative Obligational Authorization – Enter amount reflected on the latest SSA-872 authorized for the report period.

Line 7, SSA-871 Attached – Self-explanatory

Signature/Title/Date – This form must be signed by person (name and official title) authorized to submit estimates of anticipated costs and reports of actual expenditures (per acceptable certificate of authority).

Paperwork Reduction Act Statements

See Revised PRA, Attached

~~This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 90 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 90 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*