

GOVERNORS OFFICE OF COMMUNITY SERVICE

Financial Reporting System

Grant Year 20XX/20XX

Welcome to the Office of Community Service's financial reporting and invoicing system. This excel workbook contains an instruction sheet, PER's, RFR's, FFR's, Budget Modification form, and closeout information. The required financial reporting dates are listed below.

REPORTING REQUIREMENTS

→ **A Periodic Expense Report (PER) must be completed and submitted monthly by the following due dates:**

2/28/20XX	For period	1/1/20XX	thru	1/31/20XX
3/31/20XX	For period	2/1/20XX	thru	2/28/20XX
4/30/20XX	For period	3/1/20XX	thru	3/31/20XX
5/31/20XX	For period	4/1/20XX	thru	4/30/20XX
6/30/20XX	For period	5/1/20XX	thru	5/31/20XX
7/31/20XX	For period	6/1/20XX	thru	6/30/20XX
8/31/20XX	For period	7/1/20XX	thru	7/31/20XX
9/30/20XX	For period	8/1/20XX	thru	8/31/20XX
10/31/20XX	For period	9/1/20XX	thru	9/30/20XX
11/30/20XX	For period	10/1/20XX	thru	10/31/20XX
12/31/20XX	For period	11/1/20XX	thru	11/30/20XX
1/31/20XX	For period	12/1/20XX	thru	12/31/20XX

→ **A Federal Financial Report (FFR) must be completed and submitted biannually by the following due dates:**

4/15/20XX	For period	January 1, 20XX	thru	March 31, 20XX
10/15/20XX	For period	January 1, 20XX	thru	September 30, 20XX.
1/1/20XX	For period	January 1, 20XX	thru	December 31, 20XX.

→ **Final Closeout Forms**

10/14/20XX	For period	September 1, 20XX	thru	August 31, 20XX
2/14/20XX	For period	January 1, 20XX	thru	December 31, 20XX

Closeout forms are due 45 days after grant has ended. Please use the worksheet titled "Closeout"

Comments & Instructions:

Process:

This Excel file will be sent to the financial coordinator of the program by the **7th of each month**.

It is important that when inputting financial data that the program use the financial tool most recently sent from this office, reusing a previously submitted financial tool can result in incorrect information.

Follow the below steps to complete a given month/period:

1. Upon receiving the updated financial tool from OCS save a unique copy of the workbook that can be identified from previous financial reporting tools
2. Input data for current month spending into the Periodic Expense Report (PER)
 - a. Note that data can **only** be entered into cells shaded yellow.
 - i. The budget section of the PER contains the approved budget for the grant and will be updated by the OCS to show any approved adjustments.
 - ii. The current expenses section of the sheet is where current spending is to be reported
 - iii. The YTD expenses shows all year to date spending in each budget category, this includes the current period
 - iv. The budget balance section reports the remaining balance in each budget category, this includes spending in the current period.
 - b. Once input of current expenses is completed there are four cells below the budget input area designed to indicate when further explanation may be needed in the comment box. Cells shaded green indicate that no further explanation is needed, a cell shaded red or white indicate that further comment is needed. The issues these cells indicate are defined as follows:
 - i. Is the current month CNCS Section II charge 5% or less of current expenses?
 1. This cell looks at the section I and section II CNCS share subtotals of current expenses determining if the indirect funds request meets the 5% requirement. A red shaded cell indicates that indirect cost requests for the period are greater than expected.
 - ii. How are the current month percentages?
 1. This cell compares the percent of CNCS funds requested in the current period to the percent of budgeted CNCS expenses for the grant. A cell shaded red indicates that the percent of CNCS expenses requested is greater than the budgeted percent.
 - iii. How are the overall (YTD) percentages?
 1. This cell compares total percent of YTD CNCS funds requested to the budgeted percent of CNCS funds. If this cell is shaded red it indicates that the percent of CNCS funds requested to date is greater than the percent budgeted.
 - iv. Is the YTD Grantee Section III charge 10% or less of total, YTD claimed expenses?
 1. This cell compares grantee share YTD section III expenses to total (grantee share) YTD section I-II expenses. A red shaded cell indicates that YTD grantee share of indirect costs is currently greater than the allowable amount.
 - c. If any total in the Budget Balance section is negative it indicates an overage on a given line item and an explanation should be provided to OCS. In some instances overages may require a Budget Modification request.
 - i. The budget modification form can be found as one of the right most tabs in this workbook. Instructions are included. The form must include a written explanation for the request and the signature of an Authorized Signer. In some instances, requests to transfer more than 10% of the approved budget, may require CNCS approval.
 - d. Provide any information required to interpret a PER submission in the "Program Comments" section in the bottom, right-hand corner of the page.
 - e. Program income reporting
 - i. Below the budget reporting area there are two cells for reporting program income. In one cell report the total income earned in the period. In the second cell report the total income expended. Each program will need to submit an allocation plan to OCS, if program income is indicated, illustrating how the program plans to draw down those funds.
 - ii. Program income earned in excess of amounts reported in recipient share of expenditures is considered excess and must be reported to CNCS. If excess program income is indicated, the program must adjust the budget under the additive or deductive method.
3. Complete the monthly/periodic Request for Reimbursement (RFR) as follows:
 - a. Input data in the appropriate RFR tab. Note that data can **only** be entered into cells shaded yellow. All other cells calculate automatically. **If cells fail to calculate automatically, press CTRL-ALT-F9 to refresh all formulas in this file or contact the OCS Financial Manager.**
 - b. The completed form must be signed by an Authorized Signer.
4. Save the completed Financial Tool to a local computer or network. Send the PER and RFR to the OCS.
 - a. Due dates are the final day of the month following the reporting period, refer to the Intro tab for more information regarding dates. Early submissions are welcome.
 - b. Documents should be sent to the OCS Financial Manager.
5. An FFR will be due at the end of the first full quarter under which the program has operated (within the current budget period), at the end of each subsequent quarter, and upon completion of the grant budget period. Many cells on the FFR form auto populate, complete **only** the yellow shaded cells.
6. Final Closeout Forms - Due 45 days after the program end date.
 - a. These forms can be found at <http://serve.mt.gov/for-program-directors/>
<http://serve.mt.gov/for-program-directors/>
7. Contact the OCS Financial Manager with questions.

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	1/1/20XX - 1/31/20XX

Total Payment Request, this PER:
\$ -

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS

A. Personnel Expenses			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Personnel Benefits			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
C. Travel												
Staff Travel			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
CNCS Sponsored Events			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Member Travel			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
D. Equipment			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
E. Supplies			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
F. Contractual & Consultant			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
G. Training												
Staff Training			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Member Training			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
H. Evaluation			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
I. Other Operating Costs			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -

Section II. Member Costs

A. Member Living Allowance			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Member Support Costs												
FICA			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Workers Compensation			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Health Care			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Section I-II Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section I-II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Federal Indirect Cost Rate			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Section III. Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0.00%	0.00%	0%	0.00%	0.00%	0%	#DIV/0!	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$ -	Program Income Balance	\$ -
				YTD Spent	\$ -		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXXX
Period Claiming For: 1/1/20XX - 1/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Program Director _____	Date
or	
Financial Officer _____	Date

COMMISSION USE ONLY

Approved by: _____	Date
Reviewed and Approved By _____	

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	2/1/20XX - 2/28/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS

A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel												
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training												
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs

A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs												
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00									
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$ -	\$ -	\$0.00									
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00	\$0.00							
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	#DIV/0!	#DIV/0!	#DIV/0!						

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 2/1/20XX - 2/28/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	3/1/20XX - 3/31/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$	-	\$	-	\$0.00						
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$	-	\$	-	\$0.00						
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$	-	\$	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 3/1/20XX - 3/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Program Director _____

or _____

Financial Officer _____

Date _____

Date _____

Date _____

COMMISSION USE ONLY

Approved by: _____

Reviewed and Approved By _____

Date _____

Date _____

Sample AmeriCorps Program
JAN 20XX - MARCH 20XX

FEDERAL FINANCIAL REPORT

Federal Expenditures

Total Federal Funds Authorized	\$	-
Federal Share of Expenditures	\$	-
Federal Share of Unliquidated Obligations		
Unobligated Balance of Federal Funds	\$	-

Recipient Share

Total Recipient Share Required	\$	-
Recipient Share of Expenditures	\$	-
Remaining Recipient Share to be Provided	\$	-

Excess Program Income*

Total Excess Program Income Earned		
Program Income Expended: Deductive Method		
Program Income Expended: Additive Method		
Unexpended Program Income	\$	-

Other Federal Sources: List Sources and amounts of federal funds other than funds from the Corporation used to carry out the program(s) funded under this grant during the preceding 12 months (October 1 through September 30) as follows (Important- If N/A then please list this below):

Name of other	Other Federal agency grant or contract number	CFDA Number or "N/A" if contract	Cumulative Amount Expended

* For excess program income only report program income earned that was not anticipated in the original budget for the grant. If excess program income has been earned work with your financial officer to determine if the deductive or additive method is appropriate

<i>Certification: I certify to the best of my knowledg that this report is correct.</i>	
Program Director _____	Date _____
or	
Financial Officer _____	Date _____
COMMISSION USE ONLY	
Comments:	
Approved By _____	Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	4/1/20XX - 4/30/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$	-	\$	-	\$0.00						
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$	-	\$	-	\$0.00						
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$	-	\$	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 4/1/20XX - 4/30/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Program Director _____

or

Financial Officer _____

Date _____

Date _____

Date _____

COMMISSION USE ONLY

Approved by: _____

Reviewed and Approved By _____

Date _____

Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	5/1/20XX - 5/31/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$	-	\$	-	\$0.00						
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$	-	\$	-	\$0.00						
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$	-	\$	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 5/1/20XX - 5/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	6/1/20XX - 6/30/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00								
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$ -	\$ -	\$0.00								
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00							
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	#DIV/0!	#DIV/0!						

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes: e/m Ken living allowance doubled? 8/4/2016

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 6/1/20XX - 6/30/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

Date

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:
Period Covered: 6/1/20XX - 6/30/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section I-II Subtotal	\$	-	\$	-	\$	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section I-II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$	-	\$	-	\$	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$	-	\$	-	\$	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes: The 2nd June reimbursement is to pick up the final June payroll from FYE - SH 8/13/15

Program Notes:

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 6/1/20XX - 6/30/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$0.00	
Grant Award	\$ -	
Less: Previously Requested	\$ -	
Sub-total	<u>\$ -</u>	
Less Amount of This Request	<u>\$ -</u>	
Grant Balance	<u><u>\$ -</u></u>	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

	Date
Program Director _____	_____
or	
Financial Officer _____	_____

COMMISSION USE ONLY	
Approved by: _____	Date
Reviewed and Approved By _____	_____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	7/1/20XX - 7/31/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00								
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00					
Section III. Subtotal	\$ -	\$ -	\$0.00								
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00							
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	#DIV/0!	#DIV/0!						

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

**Montana Office of Community Service
AmeriCorps Request for Reimbursement (RFR)**

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 7/1/20XX - 7/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	8/1/20XX - 8/31/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$	-	\$	-	\$0.00						
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00					
Section III. Subtotal	\$	-	\$	-	\$0.00						
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$	-	\$	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 8/1/20XX - 8/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	9/1/20XX - 9/10/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS											
A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs											
A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00								
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS											
A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$ -	\$ -	\$0.00								
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00							
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	#DIV/0!	#DIV/0!						

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:	Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 9/1/20XX - 9/10/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

FEDERAL FINANCIAL REPORT

Federal Expenditures

Total Federal Funds Authorized	\$	-
Federal Share of Expenditures	\$	-
Federal Share of Unliquidated Obligations		
Unobligated Balance of Federal Funds	\$	-

Recipient Share

Total Recipient Share Required	\$	-
Recipient Share of Expenditures	\$	-
Remaining Recipient Share to be Provided	\$	-

Excess Program Income*

Total Excess Program Income Earned		
Program Income Expended: Deductive Method		
Program Income Expended: Additive Method		
Unexpended Program Income	\$	-

Other Federal Sources: List Sources and amounts of federal funds other than funds from the Corporation used to carry out the program(s) funded under this grant during the preceding 12 months (October 1 through September 30) as follows (Important- If N/A then please list this below):

Name of other	Other Federal agency grant or contract number	CFDA Number or "N/A" if contract	Cummulative Amount Expended

* For excess program income only report program income earned that was not anticipated in the original budget for the grant. If excess program income has been earned work with your financial officer to determine if the deductive or additive method is appropriate

<i>Certification: I certify to the best of my knowledg that this report is correct.</i>	
Program Director _____	Date _____
or	
Financial Officer _____	Date _____
COMMISSION USE ONLY	
Comments:	
Approved By _____	Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:	
Period Covered:	10/1/20XX - 10/31/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS

A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs

A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00								
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$ -	\$ -	\$0.00								
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00	\$0.00						
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 10/1/20XX - 10/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:
Period Covered: 11/1/20XX - 11/30/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS

A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel											
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training											
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs

A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs											
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00								
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$ -	\$ -	\$0.00								
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00	\$0.00						
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!	#DIV/0!

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

Montana Office of Community Service AmeriCorps Request for Reimbursement (RFR)

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 11/1/20XX - 11/30/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

**Montana Office of Community Service
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Sample AmeriCorps Program
XXXXHMT001

OCS Date of Review:
Period Covered: 12/1/20XX - 12/31/20XX

Total Payment Request, this PER:
\$0.00

Budget			Current Expenses			Year-to-date Expenses			Budget Balance		
CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total	CNCS	Grantee	Total

SECTION I. PROGRAM & MEMBER COSTS

A. Personnel Expenses			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Personnel Benefits			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel												
Staff Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS Sponsored Events			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual & Consultant			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Training												
Staff Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Evaluation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I. Other Operating Costs			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Section II. Member Costs

A. Member Living Allowance			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Member Support Costs												
FICA			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section II Subtotal	\$ -	\$ -	\$0.00									
Section II Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SECTION III. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Federal Indirect Cost Rate			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section III. Subtotal	\$ -	\$ -	\$0.00									
Section III. Percentages	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

TOTALS SECTIONS I - III	\$ -	\$ -	\$0.00	\$0.00	\$0.00							
CNCS/GRANTEE SHARE	0.00%	0.00%	0%	#DIV/0!	#DIV/0!	#DIV/0!						

PLEASE REVIEW:	Is the current month CNCS Section III charge 5% or less of current expenses?	How are the current month percentages?	How are the overall (YTD) percentages?	Is the YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	GOOD!	GOOD!	Yes

ATTENTION: Any total in red in the CNCS Budget Balance column requires immediate correction or a budget modification. Budget adjustments must be cleared with OCS. Approved budget adjustments will be listed in the Notes section, below. Please use the Program Notes section, below, to provide OCS with any information deemed necessary to interpret this PER.

Program Income in period		Income spent in period		YTD Income	\$0.00	Program Income Balance	\$0.00
				YTD Spent	\$0.00		

OCS Notes:

Program Notes:

**Montana Office of Community Service
AmeriCorps Request for Reimbursement (RFR)**

FROM: Sample AmeriCorps Program
PO Box xxx
City, State ZipCode

TO: Office of Community Service
1301 Lockey
P.O Box 200801
Helena, MT 59620

Grant Award Number: XXXXHMT001
AmeriCorps Program Name: Sample AmeriCorps Program
Program Period: xx/xx/xxxx - x/xx/xxxx
Employer Identification #: XXXXXXXX
Period Claiming For: 12/1/20XX - 12/31/20XX
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	-	
Sub-total	\$	-	
Less Amount of This Request	\$	-	
Grant Balance	\$	-	

Certification: I certify to the best of my knowledge that this report is correct and that all expenditures are for purposes set forth and approved in the grant award.

Date

Program Director _____

or

Financial Officer _____

COMMISSION USE ONLY

Approved by: _____ Date _____

Reviewed and Approved By _____ Date _____

FEDERAL FINANCIAL REPORT

Federal Expenditures

Total Federal Funds Authorized	\$	-
Federal Share of Expenditures	\$	-
Federal Share of Unliquidated Obligations		
Unobligated Balance of Federal Funds	\$	-

Recipient Share

Total Recipient Share Required	\$	-
Recipient Share of Expenditures	\$	-
Remaining Recipient Share to be Provided	\$	-

Excess Program Income*

Total Excess Program Income Earned		
Program Income Expended: Deductive Method		
Program Income Expended: Additive Method		
Unexpended Program Income	\$	-

Other Federal Sources: List Sources and amounts of federal funds other than funds from the Corporation used to carry out the program(s) funded under this grant during the preceding 12 months (October 1 through September 30) as follows (Important- If N/A then please list this below):

Name of other	Other Federal agency grant or contract number	CFDA Number or "N/A" if contract	Cummulative Amount Expended

* For excess program income only report program income earned that was not anticipated in the original budget for the grant. If excess program income has been earned work with your financial officer to determine if the deductive or additive method is appropriate

<i>Certification: I certify to the best of my knowledg that this report is correct.</i>	
Program Director _____	Date _____
or	
Financial Officer _____	Date _____
COMMISSION USE ONLY	
Comments:	
Approved By _____	Date _____

REQUEST FOR CONTRACT BUDGET REVISION

From: _____

Program Name: _____

Program Address: _____

Contract Number: _____

Contact Person: _____

To:
 Governor's Office of Community Service
 P.O. Box 200801
 Helena, MT 59620

Date: _____

Federal Tax Id #: _____

Budget Modifications Requested

Please insert Proposed Budget Changes and detail Reasons for Changes in space provided below.

Budget Modifications Requested		
SECTION I. Program & Member Costs		
	CNCS	Grantee Share
A. Personnel Expenses		
B. Personnel Fringe Benefits		
C. Travel		
Staff Travel		
Member Travel		
C. Travel Subtotal:	\$0.00	\$0.00
D. Equipment		
E. Supplies		
F. Contractual and Consultant Services		
G. Training		
Staff Training		
Member Training		
G. Training Subtotal:	\$0.00	\$0.00
H. Evaluation		
I. Other Program Operating Costs		
J. Travel to CNCS Sponsored Meetings		
K. Living Allowance		
Full-Time (1700 hours)		
Half-Time (900 hours)		
Reduced Half-Time (675 hours)		
Quarter-time (450 hours)		
Minimum time (300 hours)		
2nd Year of 2 Year Part-Time		
K. Living Allowance Subtotal:	\$0.00	\$0.00
L. Member Support Costs		
FICA for Members		
Workers Compensation		
Health Care		
L. Member support	\$0.00	\$0.00
SECTION I. TOTAL	\$0.00	\$0.00
SECTION II. Administrative Costs		
A. Corporation Fixed Percentage		
B. Federally Approved Indirect Cost Rate		
SECTION II. TOTAL	\$0.00	\$0.00
Budget Totals	\$0.00	\$0.00

Justification For Budget Revision

Please detail reasons for revision here. (Include reason for revision and adverse consequences if revision is denied. Use additional sheets as necessary):

AUTHORIZED SIGNATURE _____ PRINTED NAME AND TITLE _____ DATE: _____

COMMISSION USE ONLY		
OCS APPROVAL: _____	PRINTED NAME AND TITLE _____	DATE: _____

OCS Closeout Forms

Closeout forms and instructions are located on the OCS website, bottom of the page, labeled Grant Closeout

<http://serve.mt.gov/for-program-directors/>

Please contact the OCS with any questions.