

GOVERNOR'S OFFICE OF COMMUNITY SERVICE

Financial Reporting System
Grant Year 2010/2011

Welcome to the Governor's 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 sheet. 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:

September 30, 2010	For period	August 2, 2010 thru August 31, 2010
October 31, 2010	For period	September 1, 2010 thru September 30, 2010
November 30, 2010	For period	October 1, 2010 thru October 31, 2010
December 31, 2010	For period	November 1, 2010 thru November 30, 2010
January 31, 2011	For period	December 1, 2010 thru December 31, 2010
February 28, 2011	For period	January 1, 2011 thru January 31, 2011
March 31, 2011	For period	February 1, 2011 thru February 28, 2011
April 30, 2011	For period	March 1, 2011 thru March 31, 2011
May 31, 2011	For period	April 1, 2011 thru April 30, 2011
June 30, 2011	For period	May 1, 2011 thru May 31, 2011
July 31, 2011	For period	June 1, 2011 thru June 30, 2011
August 31, 2011	For period	July 1, 2011 thru July 31, 2011

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

January 20, 2011	For period	August 2, 2010 thru December 31, 2010
April 20, 2010	For period	August 2, 2010 thru March 31, 2011
July 20, 2010	For period	August 2, 2010 thru June 30, 2011
October 20, 2010	For period	August 2, 2010 thru July 31, 2011

Final Closeout Forms

→ Not applicable for 10/11 grant year. Closeout forms will be collected at the end of the third year.

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

Notes & Instructions:

Process:

This Excel file will be sent to the financial coordinator of your program by the **7th of each month**. (Do NOT use file saved from previous month.) Previous months will not be available for editing. Within the current month/period, only the yellow cells in the PER, RFR & FFR will be available for input. Follow the following steps to complete a given month/period:

1. Input the numbers for the current month/period in the Periodic Expense Report (PER)
 - a. Fill in the yellow-cells in the appropriate RFR tab. All other cells calculate automatically. **If cells fail to calculate automatically, press CTRL-ALT-F9 to refresh all formulas in this file.**
 - b. Print the reimbursement form.
 - c. Have it signed by authorized personnel and sent to OCS by the end of each month
2. Upon input completion, check the following for signs of errors:
 - a. Review panel at the bottom of the PER should contain all "green" cells. Red cells indicate an error and require correction or explanation in program notes box.
 - b. Any total in the Budget Balance column in red indicates an overage on a given line item. If a line item has a red total, clearance must be obtained by submitting a Budget Modification request to the Office of Community Service. Clearance from the Corporation is required for any budget adjustments over 10% in aggregate of total budget (match and CNCS share). Any adjustments will be reflected on the following months PER and notes will permanently appear in the Notes section.
3. Provide any information required to interpret a PER submission in the "Program Notes" section in the bottom, right-hand corner of the page. The "Program Notes" box must include how much program income you have received (YTD) and if you plan to amortize it then list the amount in an amortization schedule. Program income that is earned in excess of amounts reported in the recipient share of expenditures is considered excess and must be reported to CNCS. If you have excess program income indicate how you would like to adjust your budget under the additive or deductive method.
4. PER approval is completed as follows:
 - a. Save the PER to your computer or network.
 - b. Send the PER to the official who approves PER's for your organization.
 - c. That official will review the current month/period PER.
 - d. Official then sends the file to OCS Grants Officer, Tony Dean, at tdean@mt.gov by the end of each month. Exception is that FFR's must be submitted by the 20th. **Important: the file must come from the approving official's email address to qualify as "approved."**
5. Complete the monthly/periodic Request for Reimbursement (RFR) as follows:
 - a. Fill in the yellow-cells in the appropriate RFR tab. All other cells calculate automatically. **If cells fail to calculate automatically, press CTRL-ALT-F9 to refresh all formulas in this file.**
 - b. Print the reimbursement form.
 - c. Have it signed by authorized personnel and sent to OCS by the end of each month
6. Final Closeout Forms - Due 45 days after the program end date.

**Montana Office of Community Service 2008-2009
AmeriCorps Periodic Expense Report (PER)**



Program Name: Montana Sample Corps 09ACHMT0010001

OCS Date of Review:	
OCS Reviewer:	Tony Dean
Period Covered:	08/02/10-08/31/10

Total Payment Request, this PER:	73,392.00
\$	73,392.00

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	\$ 95,250.00	\$177,250.00	\$ 272,500.00	\$15,000.00	\$20,000.00	\$35,000.00	\$15,000.00	\$20,000.00	\$35,000.00	\$80,250.00	\$157,250.00	\$237,500.00
B. Personnel Benefits	\$ 52,232.00	\$ 9,791.00	\$ 62,023.00			\$0.00	\$0.00	\$0.00	\$0.00	\$52,232.00	\$9,791.00	\$62,023.00
C. Travel												
Staff Travel	\$ 7,190.00	\$ -	\$ 7,190.00	\$2,000.00		\$2,000.00	\$2,000.00	\$0.00	\$2,000.00	\$5,190.00	\$0.00	\$5,190.00
Member Travel	\$ 15,200.00	\$ -	\$ 15,200.00	\$4,500.00		\$4,500.00	\$4,500.00	\$0.00	\$4,500.00	\$10,700.00	\$0.00	\$10,700.00
D. Equipment	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$ 9,731.00	\$ 15,000.00	\$ 24,731.00			\$0.00	\$0.00	\$0.00	\$0.00	\$9,731.00	\$15,000.00	\$24,731.00
F. Contractual & Consultant	\$ 50,456.00	\$ -	\$ 50,456.00			\$0.00	\$0.00	\$0.00	\$0.00	\$50,456.00	\$0.00	\$50,456.00
G. Training												
Staff Training	\$ 6,122.00	\$ -	\$ 6,122.00			\$0.00	\$0.00	\$0.00	\$0.00	\$6,122.00	\$0.00	\$6,122.00
Member Training	\$ 48,936.00	\$ -	\$ 48,936.00			\$0.00	\$0.00	\$0.00	\$0.00	\$48,936.00	\$0.00	\$48,936.00
H. Evaluation	\$ 10,000.00	\$ -	\$ 10,000.00			\$0.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$10,000.00
I. Other Operating Costs	\$ 22,890.00	\$ 4,200.00	\$ 27,090.00			\$0.00	\$0.00	\$0.00	\$0.00	\$22,890.00	\$4,200.00	\$27,090.00
J. CNCS Sponsored Events	\$ -	\$ -	\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Member Living Allowance	\$ 254,660.00	\$158,040.00	\$ 412,700.00	\$45,000.00	\$65,000.00	\$110,000.00	\$45,000.00	\$65,000.00	\$110,000.00	\$209,660.00	\$93,040.00	\$302,700.00
L. Member Support Costs												
Unemployment Insurance	\$ 1,082.00	\$ 672.00	\$ 1,754.00	\$2,000.00		\$2,000.00	\$2,000.00	\$0.00	\$2,000.00	(\$918.00)	\$672.00	(\$246.00)
FICA	\$ 10,110.00	\$ 2,528.00	\$ 12,638.00			\$0.00	\$0.00	\$0.00	\$0.00	\$10,110.00	\$2,528.00	\$12,638.00
Workers Compensation	\$ 1,719.00	\$ 1,067.00	\$ 2,786.00			\$0.00	\$0.00	\$0.00	\$0.00	\$1,719.00	\$1,067.00	\$2,786.00
Health Care	\$ 22,176.00	\$ 5,544.00	\$ 27,720.00			\$0.00	\$0.00	\$0.00	\$0.00	\$22,176.00	\$5,544.00	\$27,720.00
Section I. Subtotal	\$ 607,754.00	\$374,092.00	\$ 981,846.00	\$68,500.00	\$85,000.00	\$153,500.00	\$68,500.00	\$85,000.00	\$153,500.00	\$539,254.00	\$289,092.00	\$828,346.00
Section I. Percentages	61.90%	38.10%	100%	44.63%	55.37%	100%	44.63%	55.37%	100%	65.10%	34.90%	100%

SECTION II. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage	\$ -	\$ -	\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Federal Indirect Cost Rate	\$ 31,961.00	\$252,736.00	\$ 284,697.00	\$4,892.00	\$45,000.00	\$ 49,892.00	\$4,892.00	\$45,000.00	\$ 49,892.00	\$ 27,069.00	\$207,736.00	\$ 234,805.00
Section II. Subtotal	\$ 31,961.00	\$252,736.00	\$ 284,697.00	\$ 4,892.00	\$ 45,000.00	\$ 49,892.00	\$4,892.00	\$45,000.00	\$ 49,892.00	\$ 27,069.00	\$207,736.00	\$ 234,805.00
Section II. Percentages	11.23%	88.77%	100%	9.81%	90.19%	100%	9.81%	90.19%	100%	11.53%	88.47%	100%

TOTALS SECTIONS I & II	\$ 639,715.00	\$626,828.00	\$ 1,266,543.00	\$ 73,392.00	\$ 130,000.00	\$ 203,392.00	\$ 73,392.00	\$130,000.00	\$203,392.00	\$ 566,323.00	\$ 496,828.00	\$ 1,063,151.00
CNCS/GRANTEE SHARE	50.51%	49.49%	100%	36.08%	63.92%	100%	36.08%	63.92%	100%	53.27%	46.73%	100%

PLEASE REVIEW:	Is your current month CNCS Section II charge 5% or less of current expenses?	How are your current month percentages?	How are your overall (YTD) percentages?	Is your 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.

OCS Notes:	Program Notes:

**Montana Office of Community Service 2009-2010
AmeriCorps Periodic Expense Report (PER)**

FROM: Montana Sample Corps
Fort Peck Rd 207
Fort Peck, MT

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

Grant Award Number: 09ACHMT0010001
AmeriCorps Program Name: Montana Sample Corps
Program Period: 8/2/10-8/14/11
Employer Identification #: 816001713
Period Claiming For: 08/02/10-08/31/10
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	73,392.00
Grant Award	\$	639,715.00
Less: Previously Requested	\$	-
Sub-total	\$	<u>639,715.00</u>
Less Amount of This Request	\$	<u>(73,392.00)</u>
Grant Balance	\$	<u><u>566,323.00</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 2008-2009
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Montana Sample Corps
09ACHMT0010001

OCS Date of Review:
OCS Reviewer:
Period Covered:

Tony Dean
09/01/10-09/30/10

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	\$15,000.00	\$20,000.00	\$35,000.00	(\$15,000.00)	(\$20,000.00)	(\$35,000.00)
B. Personnel Benefits			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel												
Staff Travel			\$ -			\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
Member Travel			\$ -			\$0.00	\$4,500.00	\$0.00	\$4,500.00	(\$4,500.00)	\$0.00	(\$4,500.00)
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
J. CNCS Sponsored Events			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Member Living Allowance			\$ -			\$0.00	\$45,000.00	\$65,000.00	\$110,000.00	(\$45,000.00)	(\$65,000.00)	(\$110,000.00)
L. Member Support Costs												
Unemployment Insurance						\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
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. Subtotal	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$0.00	\$68,500.00	\$85,000.00	\$153,500.00	(\$68,500.00)	(\$85,000.00)	(\$153,500.00)
Section I. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	44.63%	55.37%	100%	44.63%	55.37%	100%

SECTION II. ADMINISTRATIVE COSTS												
A. CNCS Fixed Percentage			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Federal Indirect Cost Rate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$4,892.00	\$45,000.00	\$49,892.00	\$ (4,892.00)	\$ (45,000.00)	\$ (49,892.00)
Section II. Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,892.00	\$ 45,000.00	\$ 49,892.00	\$ (4,892.00)	\$ (45,000.00)	\$ (49,892.00)
Section II. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9.81%	90.19%	100%	9.81%	90.19%	100%

TOTALS SECTIONS I & II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,392.00	\$130,000.00	\$203,392.00	\$ (73,392.00)	#####	\$(203,392.00)
CNCS/GRANTEE SHARE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	36.08%	63.92%	100%	36.08%	63.92%	100%

PLEASE REVIEW:	Is your current month CNCS Section II charge 5% or less of current expenses?	How are your current month percentages?	How are your overall (YTD) percentages?	Is your YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	#DIV/0!	#DIV/0!	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.

OCS Notes:

Program Notes:

**Montana Office of Community Service 2009-2010
AmeriCorps Periodic Expense Report (PER)**

FROM: Montana Sample Corps
Fort Peck Rd 207
Fort Peck, MT

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

Grant Award Number: 09ACHMT0010001
AmeriCorps Program Name: Montana Sample Corps
Program Period: 8/2/10-8/14/11
Employer Identification #: 816001713
Period Claiming For: 09/01/10-09/30/10
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	(73,392.00)	
Sub-total	\$	(73,392.00)	
Less Amount of This Request	\$	-	
Grant Balance	\$	(73,392.00)	

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 2008-2009
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Montana Sample Corps
09ACHMT0010001

OCS Date of Review:
OCS Reviewer:
Period Covered:

Tony Dean
10/01/10-10/31/10

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	\$15,000.00	\$20,000.00	\$35,000.00	(\$15,000.00)	(\$20,000.00)	(\$35,000.00)
B. Personnel Benefits			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel												
Staff Travel			\$ -			\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
Member Travel			\$ -			\$0.00	\$4,500.00	\$0.00	\$4,500.00	(\$4,500.00)	\$0.00	(\$4,500.00)
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
J. CNCS Sponsored Events			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Member Living Allowance			\$ -			\$0.00	\$45,000.00	\$65,000.00	\$110,000.00	(\$45,000.00)	(\$65,000.00)	(\$110,000.00)
L. Member Support Costs												
Unemployment Insurance						\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
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. Subtotal	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$0.00	\$68,500.00	\$85,000.00	\$153,500.00	(\$68,500.00)	(\$85,000.00)	(\$153,500.00)
Section I. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	44.63%	55.37%	100%	44.63%	55.37%	100%

SECTION II. ADMINISTRATIVE COSTS												
A. CNCS Fixed Percentage			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Federal Indirect Cost Rate	\$ -	\$ -	\$ -	\$4,892.00	\$45,000.00	\$49,892.00	\$4,892.00	\$45,000.00	\$49,892.00	\$(4,892.00)	\$(45,000.00)	\$(49,892.00)
Section II. Subtotal	\$ -	\$ -	\$ -	\$4,892.00	\$45,000.00	\$49,892.00	\$4,892.00	\$45,000.00	\$49,892.00	\$(4,892.00)	\$(45,000.00)	\$(49,892.00)
Section II. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9.81%	90.19%	100%	9.81%	90.19%	100%

TOTALS SECTIONS I & II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$73,392.00	\$130,000.00	\$203,392.00	\$(73,392.00)	#####	\$(203,392.00)
CNCS/GRANTEE SHARE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	36.08%	63.92%	100%	36.08%	63.92%	100%

PLEASE REVIEW:	Is your current month CNCS Section II charge 5% or less of current expenses?	How are your current month percentages?	How are your overall (YTD) percentages?	Is your YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	#DIV/0!	#DIV/0!	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.

OCS Notes:

Program Notes:

**Montana Office of Community Service 2009-2010
AmeriCorps Periodic Expense Report (PER)**

FROM: Montana Sample Corps
Fort Peck Rd 207
Fort Peck, MT

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

Grant Award Number: 09ACHMT0010001
AmeriCorps Program Name: Montana Sample Corps
Program Period: 8/2/10-8/14/11
Employer Identification #: 816001713
Period Claiming For: 10/01/10-10/31/10
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-
Grant Award	\$	-
Less: Previously Requested	\$	(73,392.00)
Sub-total	\$	(73,392.00)
Less Amount of This Request	\$	-
Grant Balance	\$	(73,392.00)

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 2008-2009
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Montana Sample Corps
09ACHMT0010001

OCS Date of Review:
OCS Reviewer:
Period Covered:

Tony Dean
11/01/10-11/30/10

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	\$15,000.00	\$20,000.00	\$35,000.00	(\$15,000.00)	(\$20,000.00)	(\$35,000.00)
B. Personnel Benefits			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel												
Staff Travel			\$ -			\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
Member Travel			\$ -			\$0.00	\$4,500.00	\$0.00	\$4,500.00	(\$4,500.00)	\$0.00	(\$4,500.00)
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
J. CNCS Sponsored Events			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Member Living Allowance			\$ -			\$0.00	\$45,000.00	\$65,000.00	\$110,000.00	(\$45,000.00)	(\$65,000.00)	(\$110,000.00)
L. Member Support Costs												
Unemployment Insurance						\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
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. Subtotal	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$0.00	\$68,500.00	\$85,000.00	\$153,500.00	(\$68,500.00)	(\$85,000.00)	(\$153,500.00)
Section I. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	44.63%	55.37%	100%	44.63%	55.37%	100%

SECTION II. ADMINISTRATIVE COSTS

A. CNCS Fixed Percentage			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Federal Indirect Cost Rate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$4,892.00	\$45,000.00	\$49,892.00	\$ (4,892.00)	\$ (45,000.00)	\$ (49,892.00)
Section II. Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,892.00	\$ 45,000.00	\$ 49,892.00	\$ (4,892.00)	\$ (45,000.00)	\$ (49,892.00)
Section II. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9.81%	90.19%	100%	9.81%	90.19%	100%

TOTALS SECTIONS I & II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,392.00	\$130,000.00	\$203,392.00	\$ (73,392.00)	#####	\$(203,392.00)
CNCS/GRANTEE SHARE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	36.08%	63.92%	100%	36.08%	63.92%	100%

PLEASE REVIEW:	Is your current month CNCS Section II charge 5% or less of current expenses?	How are your current month percentages?	How are your overall (YTD) percentages?	Is your YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	#DIV/0!	#DIV/0!	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.

OCS Notes:	Program Notes:

**Montana Office of Community Service 2009-2010
AmeriCorps Periodic Expense Report (PER)**

FROM: Montana Sample Corps
Fort Peck Rd 207
Fort Peck, MT

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

Grant Award Number: 09ACHMT0010001
AmeriCorps Program Name: Montana Sample Corps
Program Period: 8/2/10-8/14/11
Employer Identification #: 816001713
Period Claiming For: 11/01/10-11/30/10
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-
Grant Award	\$	-
Less: Previously Requested	\$	(73,392.00)
Sub-total	\$	(73,392.00)
Less Amount of This Request	\$	-
Grant Balance	\$	(73,392.00)

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 2008-2009
AmeriCorps Periodic Expense Report (PER)**



Program Name:
Montana Sample Corps
09ACHMT0010001

OCS Date of Review:
OCS Reviewer:
Period Covered:

Tony Dean
12/01/10-12/31/10

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	\$15,000.00	\$20,000.00	\$35,000.00	(\$15,000.00)	(\$20,000.00)	(\$35,000.00)
B. Personnel Benefits			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel												
Staff Travel			\$ -			\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
Member Travel			\$ -			\$0.00	\$4,500.00	\$0.00	\$4,500.00	(\$4,500.00)	\$0.00	(\$4,500.00)
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
J. CNCS Sponsored Events			\$ -			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Member Living Allowance			\$ -			\$0.00	\$45,000.00	\$65,000.00	\$110,000.00	(\$45,000.00)	(\$65,000.00)	(\$110,000.00)
L. Member Support Costs												
Unemployment Insurance						\$0.00	\$2,000.00	\$0.00	\$2,000.00	(\$2,000.00)	\$0.00	(\$2,000.00)
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. Subtotal	\$ -	\$ -	\$ -	\$0.00	\$0.00	\$0.00	\$68,500.00	\$85,000.00	\$153,500.00	(\$68,500.00)	(\$85,000.00)	(\$153,500.00)
Section I. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	44.63%	55.37%	100%	44.63%	55.37%	100%

SECTION II. ADMINISTRATIVE COSTS												
A. CNCS Fixed Percentage			\$ -			\$ -	\$0.00	\$0.00	\$ -	\$ -	\$ -	\$ -
B. Federal Indirect Cost Rate	\$ -	\$ -	\$ -	\$4,892.00	\$45,000.00	\$49,892.00	\$4,892.00	\$45,000.00	\$49,892.00	\$ (4,892.00)	\$ (45,000.00)	\$ (49,892.00)
Section II. Subtotal	\$ -	\$ -	\$ -	\$4,892.00	\$45,000.00	\$49,892.00	\$4,892.00	\$45,000.00	\$49,892.00	\$ (4,892.00)	\$ (45,000.00)	\$ (49,892.00)
Section II. Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9.81%	90.19%	100%	9.81%	90.19%	100%

TOTALS SECTIONS I & II	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,392.00	\$130,000.00	\$203,392.00	\$ (73,392.00)	#####	\$(203,392.00)
CNCS/GRANTEE SHARE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	36.08%	63.92%	100%	36.08%	63.92%	100%

PLEASE REVIEW:	Is your current month CNCS Section II charge 5% or less of current expenses?	How are your current month percentages?	How are your overall (YTD) percentages?	Is your YTD Grantee Section II charge 10% or less of total, YTD claimed expenses?
	Yes	#DIV/0!	#DIV/0!	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.

OCS Notes:

Program Notes:

**Montana Office of Community Service 2009-2010
AmeriCorps Periodic Expense Report (PER)**

FROM: Montana Sample Corps
Fort Peck Rd 207
Fort Peck, MT

TO: Governor's Office of Community Service
1301 Lockett
P.O Box 200801
Helena, MT 59620

Grant Award Number: 09ACHMT0010001
AmeriCorps Program Name: Montana Sample Corps
Program Period: 8/2/10-8/14/11
Employer Identification #: 816001713
Period Claiming For: 12/01/10-12/31/10
Request #:

Final Claim: Yes No

Funds Requested This Period	\$	-	
Grant Award	\$	-	
Less: Previously Requested	\$	(73,392.00)	
Sub-total	\$	<u>(73,392.00)</u>	
Less Amount of This Request	\$	-	
Grant Balance	\$	<u><u>(73,392.00)</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 _____ 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

Budget Modifications Requested

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

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

OCS Closeout Forms

The closeout forms and instructions are located on the OCS website at: <http://serve.mt.gov>