



AmeriCorps Fiscal Insights...into your AmeriCorps grant!

Sheree Isola, Governor's Office of Community Service

serve.mt.gov

Federal Grant Financial Management – AmeriCorps

Grant design determines budget type – then OCS grant review- then CNCS review and approve – then awarded as a subrecipient of OCS. OCS is a Pass Through Entity (PTE)

Read Terms and Conditions

2 CFR200 and other applicable regulations based on your organization type, and more- Accessible online “eCFR”

Whose **approved budget** is it?

Backup documentation...OCS, CNCS, and your organization

Risk and Monitoring; its role and importance on current and future funding

AmeriCorps grant management: communication with program and fiscal is vital to your grant health...talk to your fiscal *before* calling Sheree

Questions?

Lets take a look at a couple **financial tools** that your program and OCS use

Cost Reimbursement – Line Item

The approved budget turns into the Periodic Expense Report aka the PER.



Program Name:			OCS Date of Review:			Total Payment Request, this PER:					
			Period Covered:			\$					
			7/1/2020 - 7/31/2020			-					
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	\$ 38,628.00	\$ 15,000.00	\$53,628.00		\$0.00	\$41,227.47	\$137.12	\$41,364.59	(\$2,599.47)	\$14,862.88	\$12,263.41
B. Personnel Benefits	\$ 16,996.00	\$ 6,600.00	\$23,596.00		\$0.00	\$18,140.09	\$60.33	\$18,200.42	(\$1,144.09)	\$6,539.67	\$5,395.58
C. Travel											
Staff Travel	\$ 4,316.00	\$ 1,439.00	\$5,755.00		\$0.00	\$1,915.44	\$0.00	\$1,915.44	\$2,400.56	\$1,439.00	\$3,839.56
CNCS Sponsored Events	\$ -	\$ -	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel	\$ 7,040.00	\$ -	\$7,040.00		\$0.00	\$236.48	\$0.00	\$236.48	\$6,803.52	\$0.00	\$6,803.52
D. Equipment	\$ -	\$ -	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$ 13,975.00	\$ 1,800.00	\$15,775.00		\$0.00	\$11,810.37	\$0.00	\$11,810.37	\$2,164.63	\$1,800.00	\$3,964.63
F. Contractual & Consultant	\$ -	\$ 1,500.00	\$1,500.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$1,500.00
G. Training											
Staff Training	\$ -	\$ 500.00	\$500.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00	\$500.00
Member Training	\$ 10,920.00	\$ -	\$10,920.00		\$0.00	\$5,025.80	\$0.00	\$5,025.80	\$5,894.20	\$0.00	\$5,894.20
H. Evaluation	\$ 2,016.00	\$ -	\$2,016.00		\$0.00	\$0.00	\$0.00	\$0.00	\$2,016.00	\$0.00	\$2,016.00
I. Other Operating Costs	\$ 20,751.00	\$ 11,496.00	\$32,247.00		\$0.00	\$21,372.32	\$1,116.53	\$22,488.85	(\$621.32)	\$10,379.47	\$9,758.15
Section II. Member Costs											
A. Member Living Allowance	\$ 70,977.00	\$ 176,199.00	\$247,176.00		\$0.00	\$67,734.00	\$131,138.38	\$198,872.38	\$3,243.00	\$45,060.62	\$48,303.62
B. Member Support Costs											
FICA	\$ 18,909.00	\$ -	\$18,909.00		\$0.00	\$15,213.80	\$0.00	\$15,213.80	\$3,695.20	\$0.00	\$3,695.20
Workers Compensation	\$ 2,175.00	\$ -	\$2,175.00		\$0.00	\$0.00	\$0.00	\$0.00	\$2,175.00	\$0.00	\$2,175.00
Health Care	\$ 24,227.00	\$ 8,772.00	\$32,999.00		\$0.00	\$25,407.98	\$0.00	\$25,407.98	(\$1,180.98)	\$8,772.00	\$7,591.02
Section I-II Subtotal	\$ 230,930.00	\$ 223,306.00	\$454,236.00	\$0.00	\$0.00	\$208,083.75	\$132,452.36	\$340,536.11	\$22,846.25	\$90,853.64	\$113,699.89
Section I-II Percentages	51%	49%	100%	0%	0%	61%	39%	100%	20%	80%	100%
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	\$ 11,547.00	\$ 33,877.00	\$45,424.00		\$0.00	\$10,404.19	\$23,649.42	\$34,053.61	\$1,142.81	\$10,227.58	\$11,370.39
Section III. Subtotal	\$ 11,547.00	\$ 33,877.00	\$45,424.00	\$0.00	\$0.00	\$10,404.19	\$23,649.42	\$34,053.61	\$1,142.81	\$10,227.58	\$11,370.39
Section III. Percentages	25%	75%	100%	0%	0%	31%	69%	100%	10%	90%	100%
TOTALS SECTIONS I - III	\$ 242,477.00	\$ 257,183.00	\$499,660.00	\$0.00	\$0.00	\$218,487.94	\$156,101.78	\$374,589.72	\$23,989.06	\$101,081.22	\$125,070.28
CNCS/GRANTEE SHARE	49%	51%	100%	0%	0%	58%	42%	100%	19%	81%	100%

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 total Section III charge 10% or less of total YTD claimed expenses?
Yes	GOOD!	Please explain or correct.	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	\$ 151,972.00	Program Income Balance	(\$4,129.78)
		YTD Spent	\$156,101.78		

OCS Comments: Program Comments:

Cost Reimbursement – Fixed Amount

Fixed Grant Reimbursement Request					
FROM: Sample AmeriCorps Program			TO: Office of Community Service		
PO Box xxx			1301 Lockey		
City, State ZipCode			P.O Box 200801		
			Helena, MT 59620		
Grant Award Number: XXXXHMT001		Employer Identification #: XXXXXXXX			
Program Name: Sample AmeriCorps Program		Total Award: \$ 268,600			
Program Period: xx/xx/xxxx - x/xx/xxxx					
Period Claiming:		Awarded MSY: 20			
		Request #:			
	Member	Expected Total Hours	Actual Hours this Time Period	Percent Completed	Max Reimbursement
	1	1700		0%	\$ -
	2	1700		0%	\$ -
	3	1700		0%	\$ -
	4	1700		0%	\$ -
	5	1700		0%	\$ -
	6	1700		0%	\$ -
	7	1700		0%	\$ -
	8	1700		0%	\$ -
	9	1700		0%	\$ -
	10	1700		0%	\$ -
Total Allowable Reimbursement					\$ -
Actual Reimbursements to Date					\$ -
Reimbursement Amount					
Remaining Balance Amount*		\$ 268,600.00			
Comments:					
<p><i>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.</i></p>					
Program Director			Date		
or					
Financial Officer			Date		

Request For Reimbursement (RFR)

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

Grant Award Number: 15ACHMT0010001
 AmeriCorps Program Name: _____
 Program Period: 10/1/18 -9/31/19
 Employer Identification #: _____
 Period Claiming For: 7/1/2020 7/31/2020
 Request #: _____ Final Claim: Yes No

Funds Requested This Period	\$ -
Grant Award	\$ 242,477.00
Less: Previously Requested	\$(218,487.94)
Sub-total	\$ 23,989.06
Less Amount of This Request	\$ -
Grant Balance	\$ 23,989.06

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
 Comments: _____

AmeriCorps Financial Management Resources

Generally, <https://nationalservice.gov/resources/financial-management/general-financial-and-grants-management-overview>

- Fixed Awards Administrative Guide, <https://www.nationalservice.gov/documents/2018/fixed-amount-grant-financial-and-administrative-process-guide-211>

Documenting Match <https://www.nationalservice.gov/resources/financial-management/match-documenting-cash-and-kind>

CNCS is updating this course,

<https://nationalservice.gov/resources/financial-management/key-concepts-financial-and-grants-management>

<https://nationalservice.gov/resources/financial-management/general-financial-and-grants-management-overview>

2019 ASN Symposium, <http://www.cvent.com/events/2019-ameri-corps-state-and-national-symposium/custom-17-0bae9f5007c44dacbaedb8851199d473.aspx>

Thank you!

Questions?



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