

EPSCoR GROW DAKOTA FINANCIAL STATUS REPORT (Claim Form) INSTRUCTIONS

There will be two (2) financial reports required for each project. They are a Financial Status Report (Claim Form) and an annual Project Completion Report (PCR). The Financial Status Report should be used to request reimbursement of funds. The PCR will include **cumulative** expenditures by function/object as stipulated in the budget of the approved application.

Funds must be expended as approved or amended. The applicant is required to request a transfer or amendment to any function in which expenditures/obligations within a function or object will exceed the approved/amended budget amount by **ten percent (10%)** or more **and** by more than \$1000.

INSTRUCTIONS FOR COMPLETING THE MONTHLY FINANCIAL STATUS REPORT (Claim Form)

Reporting Period: Period of expenditures/obligations since last reimbursement claim.

Fiscal Year: Fiscal year grantee is claiming expenditures.

Budget Number: Taken from grantee's award letter.

Grantee Name, and Address: Taken from approved Perkins application.

- (A) **Approved Budget:** List by category from the approved application;
- (B) **Previously Claimed Expenditures:** Report total claimed expenditures from Column D of previously submitted claim;
- (C) **Currently Claimed Expenditures:** Report expenditures being claimed since the previous claim;
- (D) **Total Claimed Expenditures:** Column B plus Column C;
- (E) **Budget Balance:** Column A minus Column D.

(1-4) List appropriate budget and expenditure information.

- (5) **Capital Acquisition:** Equipment purchased during reporting period must have an updated equipment inventory form attached to the Reimbursement Claim. (The Claim is not processed until both the Claim and the equipment inventory report have been submitted to the Office of Grants Management).
- (6) **Grand Total:** Should not exceed the total approved in the application.
- (7) **Funds Received or Requested Prior to this Report:** Perkins funds received or requested from State agency from prior reimbursement claims. Line 11 previous claim.
- (8) **Total Claimed Expenditures:** Line 7 Column D
- (9) **Funds Requested this Period:** Difference between revenue received or requested and total expenditures. Line 7 minus Line 8.
- (10) **Total Funds Requested/Received:** Total of funds received to date plus funds requested this reporting period. Line 7 plus Line 9. Should equal the Total Claimed Expenditures (Line 6 Column D).

Authorized Representative: Reimbursement Claim must contain an original signature of a designated authorized representative.

Financial Status Report Deadline: Financial Status Reports received by the 10th of the month will be included on that month's payment.

Send Financial Status Report to:

Department of Education
Office of Finance & Management
700 Governors Drive
Pierre, SD 57501

For assistance in completing this report, contact the Office of Finance & Management at (605) 773-3248.