

How to Submit a PER for Fixed Amount Grants



1. Log in to tx.oncorpsreports.com
2. From your dashboard, choose the Financials Tab, then the option “Submit Reports”, then “Periodic Expense Report”

Welcome Test Director [view/edit profile](#) | [logout](#)
Logged in as: Program Director | XX_Test Program
State & Program Year: Texas | 2017-2018 [change](#)

HOME TOOLS ▾ MANAGE RECORDS ▾ REPORTING ▾ **FINANCIALS ▾** TIME TRACKING ▾ DIRECTORIES ▾ CALENDAR ▾ HELP ▾

Home

To add notifications to your homepage, select them from the list
Select a Notification ▾

Welcome Test

PER Notifications

Submit Reports
View Reports
Approve Reports
Upload/Download Files
Member Enrollment/Hours Report

Budget
Fixed Amount Grant Invoice
Periodic Expense Report
Aggregate Financial Report
Budget Modification Request
Program Income Report
In-Kind Other

Help Create PDF

3. Select a budget period from the drop down menu.

Welcome Test Director [view/edit profile](#) | [logout](#)
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Home > Financials > Submit Reports > Periodic Expense Report

Page Tools Create PDF

Periodic Expense Report

Select a Budget Period: January 2017 Expense Report Choose

Monthly PER forms are only available after an annual budget is approved by your state Program Officer. If no monthly forms are available from the drop-down menu below, please submit a current year program budget for approval. A notification will appear on your Notifications page once the approval is completed, then you will be able to select and submit monthly PER forms from the list below.

[Program Web Site](#) | [Calendar](#) | [Resources](#) | [Help](#)
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- For those programs that submit monthly PERs, choose July 2017 for the PER ending 7/31/17, August 2017 for the PER ending 08/31/17.
- For those programs that submit two PERs per month, choose September 2017 Part 1 for the PER ending 9/15/17 and September 2017 Part 2 for the PER ending 9/30/17.
- For those programs that submit quarter PERs, choose the quarter end date from the drop down menu that corresponds with your PER end date.

6. When you have entered all of your program expenses, click the “Calc Admin & Match (%)” button at the bottom. This will total all of your line items and calculate percentages.

I certify that the amounts shown above are accurate and do not exceed the grant award. All grant expenditures have been recorded and reported according to generally accepted accounting principles, OMB Circulars, & CNCS grant guidelines.

Additional Comments:

7. Review

| | | | | | | | | | |
|--|-------------------------|--------------|---------------------|--------|--------------|--------------------|--------|--------|-------------|
| L.2 | Workers Comp | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | \$0.00 |
| L.3 | Health Care | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | \$0.00 |
| L.4 | Member Support Costs | \$453,250.00 | \$0.00 | \$0.00 | \$453,250.00 | \$44,025.00 | \$0.00 | \$0.00 | \$44,025.00 |
| L.5 | Member Support Subtotal | \$453,250.00 | \$0.00 | \$0.00 | \$453,250.00 | \$44,025.00 | \$0.00 | \$0.00 | \$44,025.00 |
| Program Operating Costs Subtotal | | \$453,250.00 | \$0.00 | \$0.00 | \$453,250.00 | \$44,025.00 | \$0.00 | \$0.00 | \$44,025.00 |
| Percentage | | 100% | 0% | 0% | | 100% | 0% | 0% | |
| Administrative ~ Indirect Costs | | | | | | | | | |
| A. | CNC S Fixed Percentage | | | | | | | | |
| A.1 | CNCS Fixed Costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | \$0.00 |
| A.2 | Commission Fixed Costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | \$0.00 |
| B. | Federal Indirect | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | \$0.00 |
| Administrative ~ Indirect Costs Subtotal | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Percentage | | n/a | n/a | n/a | | n/a | n/a | n/a | |
| TOTAL | | \$453,250.00 | \$0.00 | \$0.00 | \$453,250.00 | \$44,025.00 | \$0.00 | \$0.00 | \$44,025.00 |
| Percentage | | 100% | 0% | 0% | | 100% | 0% | 0% | |
| TOTAL PROGRAM | | | \$453,250.00 | | | \$44,025.00 | | | |

| | AmeriCorps Funds | Grantee Share |
|---|---|---------------|
| 1. Grant Amount (linked to budget above) | \$453,250.00 | \$0.00 |
| 2. Expenditures to Date (Before this report) | \$0.00 | \$0.00 |
| 3. Grant Balance Available (line 1 less line 2) | \$453,250.00 | \$0.00 |
| 4. Current Period Expenditures (linked above) | \$44,025.00 | \$0.00 |
| 5. Grant Balance Remaining | \$409,225.00 | \$0.00 |
| 6. Amount of This Request (current expenses) | \$44,025.00 | \$0.00 |
| Final PER | <input type="radio"/> Yes <input checked="" type="radio"/> No | --- |

| | |
|---|--------------|
| CNCS Budget | \$453,250.00 |
| 10% Budget | \$45,325.00 |
| CNCS Admin <= 5.26% | |
| Budget | 0% (OK) |
| YTD Actual | 0% (OK) |
| Overall Match >= 0% | |
| Budget | 0% (OK) |
| YTD Actual | 0% (OK) |
| Cost Per MSY | |
| Budget (25) | \$18,130.00 |
| YTD Actual (---) | --- |
| The Cost/MSY can only be calculated after the last day of the month is complete | |

This is the amount of your reimbursement

Please note: The PER will alert you to budget variances in the budget to actuals columns on the right hand side of the workbook

I certify that the amounts shown above are accurate and do not exceed the grant award. All grant expenditures have been recorded and reported according to generally accepted accounting principles, OMB Circulars, & CNCS grant guidelines.

Additional Comments:

| Percentage | 100% | 0% | 0% | 100% | 0% | 0% | 100% | 0% |
|---|------------------------|---------------------|---------------------|---------------|---------------------|--------------------|---------------|---------------|
| Administrative - Indirect Costs | | | | | | | | |
| A | CNCS Fixed Percentage | | | | | | | |
| A.1 | CNCS Fixed Costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | 0 | 0 |
| A.2 | Commission Fixed Costs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | 0 | 0 |
| B | Federal Indirect | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | 0 | 0 |
| Administrative - Indirect Costs Subtotal | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Percentage | | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| TOTAL | | \$453,250.00 | \$0.00 | \$0.00 | \$453,250.00 | \$44,025.00 | \$0.00 | \$0.00 |
| Percentage | | 100% | 0% | 0% | 100% | 0% | 0% | 100% |
| TOTAL PROGRAM | | | \$453,250.00 | | | \$44,025.00 | | |

| | AmeriCorps Funds | Grantee Share |
|---|---|---------------|
| 1. Grant Amount (linked to budget above) | \$453,250.00 | \$0.00 |
| 2. Expenditures to Date (Before this report) | \$0.00 | \$0.00 |
| 3. Grant Balance Available (line 1 less line 2) | \$453,250.00 | \$0.00 |
| 4. Current Period Expenditures (linked above) | \$44,025.00 | \$0.00 |
| 5. Grant Balance Remaining | \$409,225.00 | \$0.00 |
| 6. Amount of This Request (current expenses) | \$44,025.00 | \$0.00 |
| Final PER? | <input type="radio"/> Yes <input checked="" type="radio"/> No | -- |

| | |
|---|--------------|
| CNCS Budget | \$453,250.00 |
| 10% Budget | \$45,325.00 |
| CNCS Admin <= 5.26% | |
| Budget | 0% (OK) |
| YTD Actual | 0% (OK) |
| Overall Match >= 0% | |
| Budget | 0% (OK) |
| YTD Actual | 0% (OK) |
| Cost Per MSY | |
| Budget (26) | \$18,130.00 |
| YTD Actual (---) | --- |
| The Cost/MSY can only be calculated after the last day of the month is complete | |

I certify that the amounts shown above are accurate and do not exceed the grant award. All grant expenditures have been recorded and reported according to generally accepted accounting principles, OMB Circulars, & CNCS grant guidelines.

Certification Disclaimer

Additional Comments:

8. Please put the PER end date in this comments section.

Calc. Admin & Match (%)

Save

Submit for Approval

Cancel

9. When you are ready, click the certification disclaimer at the bottom and then click the "Submit for Approval" button. You can also "Save" if you need more time. OneStar staff will review and approve your PER or send it back to you for changes. Please monitor your notifications on your dashboard to check for status changes.

IMPORTANT: The staff member that submits this PER via OnCorps must be on file with OneStar as a fiscal contact or legal authorized signatory for your program. If you need to update your program's authorized representatives, please fill out the Authorized Representative Form (ARF) here: <http://www.tfaforms.com/159770>