

ONESTAR USE ONLY			
PER APPROVED BY:	GO Initials & Date:	Director Initials & Date:	FINAL PER: Yes / No
OneStar Prime Grant:	12AFHTX005	Program Code: 750	Fund Code: 26
PER # PER75022817			

AmeriCorps Periodic Expense Report (PER)

The information in this section is **REQUIRED** for each periodic expense report (PER).

Legal Applicant Name: Pitfalls, Inc
 Program Name: Fiscal Pitfalls AmeriCorps Program
 Grant Year: 2016-2017 Grant Type: AmeriCorps Grant
 PER For the Period Covering
 Start Date: 2/1/17 End Date: 02/28/17



INSTRUCTIONS: Enter information below in areas highlighted in **YELLOW** as applicable for the current period

SECTION I.	PROGRAM OPERATING COSTS	CNCS SHARE CURRENT EXPENSE	GRANTEE SHARE CURRENT EXPENSE	TOTAL CURRENT EXPENSE (auto-calculates)
A.	Personnel Expenses		10,500.00	\$ 10,500.00
B.	Personnel Fringe Benefits	1,414.19	1,414.17	\$ 2,828.36
C.	Travel			
	Staff Travel			\$ -
	Member Travel	193.39	193.38	\$ 386.77
D.	Equipment			\$ -
E.	Supplies		273.89	\$ 273.89
F.	Contractual and Consultant Services			\$ -
G.	Training			
	Staff Training			\$ -
	Member Training		255.00	\$ 255.00
H.	Evaluation	2,250.00		\$ 2,250.00
I.	Other Program Operating Costs	2,189.48		\$ 2,189.48
SECTION I TOTAL		\$ 6,047.06	\$ 12,636.44	\$ 18,683.50

SECTION II.	MEMBER COSTS	CNCS SHARE CURRENT EXPENSE	GRANTEE SHARE CURRENT EXPENSE	TOTAL CURRENT EXPENSE (auto-calculates)
A.	Living Allowance	8,400.00	2,800.00	\$ 11,200.00
B.	Member Support Costs			\$ -
	FICA	428.40	428.40	\$ 856.80
	Worker's Compensation	350.00	350.00	\$ 700.00
	Health Care	1,250.00	1,750.00	\$ 3,000.00
SECTION II TOTAL		\$ 10,428.40	\$ 5,328.40	\$ 15,756.80

SECTION III.	ADMINISTRATIVE/INDIRECT COSTS	CNCS SHARE CURRENT EXPENSE	GRANTEE SHARE CURRENT EXPENSE	TOTAL CURRENT EXPENSE (auto-calculates)
A.	Corporation Fixed Percentage			
	Corporation Fixed Amount (3%)	1,040.56	3,444.03	\$ 4,484.59
	Commission Fixed Amount (2%)	693.70		\$ 693.70
B.	Federally Approved Indirect Cost Rate			\$ -
SECTION III TOTAL		\$ 1,734.26	\$ 3,444.03	\$ 5,178.29

TOTAL	CNCS / GRANTEE (auto-calculates)	\$ 18,209.72	\$ 21,408.87	\$ 39,618.59
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Amount Reimbursable to Grantee \$ **17,516.02**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Printed Name: Susan Smithers Signature:

Date: 3/1/2017