

WI 21st CCLC Micro Webinar: Program Fiscal Report



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION
Tony Evers, PhD, State Superintendent

Objectives

- **Grantees will identify the correct budget form for a reimbursement claim.**
- **Grantees will understand how to complete the Fiscal Program Report form.**
- **Grantees will know to whom you should submit the Fiscal Program Report form.**
- **Grantees will know what the CLC grant obligation period is.**
- **Grantees will know when the final claim is due.**

Overview

- PI-1086 (available at <https://dpi.wi.gov/sspw/clc/current-grantees>)
- Submit to the CLC accountant (Ryan.Egan@dpi.wi.gov)
- Required to receive funds
- Recommended quarterly submission
- Obligation Period: July 1 - June 30
- Final Claim Submission Deadline: September 30



Completing the Form



Wisconsin Department of Public Instruction
PROGRAM FISCAL REPORT
 PI-1086 (Rev. 04-16)

Mail to: **DEPARTMENT OF PUBLIC INSTRUCTION**
SCHOOL MANAGEMENT SERVICES TEAM
FEDERAL AND STATE GRANT PROGRAMS
PO BOX 7841
MADISON, WI 53707-7841 Fax: (608) 267-9207

Refer to instructions at: <http://dpi.wi.gov/sms/fedaids/pi-1086>

District / Agency No.	District / Agency Legal Name	CFDA No. or State Statute	Report for Period Ending
Grant Number	Program	Project Beginning Date	Project Ending Date
Name of Person Preparing this Report		Phone Area/No.	Email Address

CERTIFICATION

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.)

Name of District / Agency Administrator or Designee <i>Print or type</i>	Title of District / Agency Administrator or Designee <i>Print or type</i>	Signature of District / Agency Administrator or Designee ➤	Date Signed <i>Mo./Day/Yr.</i>
--	---	---	--------------------------------

Completing the Form

Cash Summary			Matching Funds If Applicable <i>Documentation on file at District Office</i>	Report Type <i>Check all that apply</i>		Amount Requested This Claim \$
Total Funds Received to Date \$	Total Disbursements to Date \$ -	Cash on Hand at End of Period \$		<input type="checkbox"/> Advance	<input type="checkbox"/> Final Claim	
DPI Use Only			<input type="checkbox"/> Partial Claim		<input type="checkbox"/> Revised Final	
Fiscal Year	Voucher No.	Voucher Date	Pay Date	Amount Approved		

Approval Process

Approval based upon:

- Authorized signature
- WUFAR codes correspond to most-recently approved budget



For More Information



Contact:

Ryan Egan, Accountant

ryan.egan@dpi.wi.gov

608-266-1723

Teri LeSage, Consultant

teresa.lesage@dpi.wi.gov

608-267-5078

Tanya Morin, Consultant

tanya.morin@dpi.wi.gov

608-267-9393

Alison Wineberg, Consultant

alison.wineberg@dpi.wi.gov

608-267-3751

Polly Tubbs, Grants Specialist

polly.tubbs@dpi.wi.gov

608-266-3459

For more information, visit: <https://dpi.wi.gov/sspw/clc>

<https://dpi.wi.gov/sms/fedaids/pi-1086>