

Public Service Commission of Wisconsin

Nonprofit Access Grant Program  
Financial Summary Statement – FY12  
Docket: 5-GF-107

Organization/Name: *ABC Nonprofit Organization*

Address: *123 Anywhere in Wisconsin Ave. City, Wisconsin* Federal ID#: *12-1234567*

Time Period Covered: *June 2012-September 2012*

**PURCHASES**

Specify equipment purchased from each vendor including a brief description of equipment covered by each invoice. **Invoices or receipts must be included for purchases more than \$10.00.**

	<b>Amount</b>
<i>Telephone Cables (See attached receipt)</i>	<i>\$12.00</i>
<i>CapTel 800 Phone for Loan Closet (See Attached invoice)</i>	<i>\$99.00</i>
<b>Total Purchases</b>	<b><i>\$111.00</i></b>

**EXPENSES**

Itemize and provide receipts for all expenses such as travel, office supplies, printing, Internet services, telephone services, etc. for the organization and each subcontractor separately. Provide a breakdown of any per diem charges. All expenses claimed should be reasonable and necessary to accomplish the project. **Describe formulas used for determining overheads or administrative costs.**

	<b>Amount</b>
<i>Phone line for customer use. (See attached billings)</i>	<i>\$225.00</i>
<b>Total Expenses</b>	<b><i>\$ 225.00</i></b>

**SERVICES**

Specify services rendered and activities performed by each subcontractor and individuals in the organization separately.

Detailed Service Covered by Invoice	Name	Hours	Rate	Amount
<i>Staff time with customers (Smith)</i>		<i>12</i>	<i>\$16.00</i>	<i>\$192.00</i>

<b>Total Services</b>			<b>\$ 192.00</b>
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**Total Cost Claimed for Reimbursement**

(Purchases, Expenses and Services)

**\$ 528.00**

**GRANT MATCH REPORTING**

<b>Source (include name of entity and description of in-kind match)</b>	<b>In-Kind Value \$</b>	<b>Cash \$</b>
<i>Rent, supplies, equipment</i>	<i>\$227.00</i>	
<i>United Way</i>		<i>\$301.00</i>

Signature: *John Doe*  
Date: *October 1, 2012 (Please note the date of request should be AFTER the date of service.)*  
Contact Phone #: *555-555-5555*  
Contact E-Mail: *John.Doe@ABC.org*  
Address: \_\_\_\_\_

**PLEASE ATTACH COPIES OF VENDOR(S) OR SUBCONTRACTOR(S) INVOICES AND ALL RECEIPTS TO THIS SUMMARY**

**SEND TO: Fiscal Staff  
Public Service Commission  
P.O. Box 7854  
Madison, WI 53707-7854**