

Public Service Commission of Wisconsin

Nonprofit Access Grant Program
Financial Summary Statement – FY16
Docket: 5-NF-2016

Organization/Name:

Address:

Federal ID#:

Time Period Covered:

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.**

	Amount
_____	_____
_____	_____
_____	_____
Total Purchases	\$

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.**

	Amount
_____	_____
_____	_____
_____	_____
Total Expenses	\$

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
Total Services				\$

Total Cost Claimed for Reimbursement

(Purchases, Expenses and Services)

\$ _____

GRANT MATCH REPORTING

Source (include name of entity and description of in-kind match)	In-Kind Value \$	Cash \$

Signature: _____

Date: _____

Contact Phone #: _____

Contact E-Mail _____

Address: _____

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

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

DL: 01281800