## FY22-23 WTCS Standard Financial Report (SFR-1) INSTRUCTIONS

https://mywtcs.wtcsystem.edu/grants-data-reporting/grants/application-forms/

The Standard Financial Report (SFR-1) is used to summarize budget proposals (original estimates, revisions and/or supplements), expenditure claims or encumbrances for all projects funded through the Wisconsin Technical College System Board.

Each application must include the SFR-1 form broken out by line item as instructed below. Each SFR-1 must be accompanied by a detailed breakdown of its line item budget. See the Standard Financial Report (SFR-1) Examples at <a href="https://mywtcs.wtcsystem.edu/grants-data-reporting/grants/application-forms/">https://mywtcs.wtcsystem.edu/grants-data-reporting/grants/application-forms/</a>.

**Submit quarterly Expenditure Reports as a minimum. Monthly reports are recommended.** The report should be completed by line item as budgeted. A detailed breakdown with expenditure reports is not required.

All funds must be expended or encumbered in the fiscal year of the appropriation from which the funds were drawn in order to be reimbursed for incurred expenses. Final expenditure/encumbrances reports must be received at the System Office no later than **45 days from the end of the grant period.** 

## STANDARD FINANCIAL REPORT (SFR-1) SPREADSHEET

**Project Number:** Same as grant application project number.

XX-XXX-XXX

(Applicant ID) (Activity) (Appropriation) (Purpose)

**Note:** first time grant applicants only need to enter the appropriation and purpose number. The last six digits. Reference the grant guidelines for WTCS assigned project numbers for each grant category.

**Project Title:** Same as grant application title.

**Current Budget/Report Period:** State the full length of the project for budget setup or revisions; e.g., 7/1/22 to 6/30/23. State the time-period reported for reimbursement purposes; e.g., 7/1/22 to 7/31/22 for each column. **Note:** rate refers to the reimbursement rate percentage on the line titled "REIMBURSED AT." You must fill in the reimbursement rate percentage on the form.

Current Report #: State the time-period being reported for reimbursement purposes; e.g., March 2023.

**Budget Lines:** Reference line numbers 1.0 through 8.0. **Note:** Amounts may be rounded to the nearest dollar or may include dollars and cents.

**Line 1.0, Administration:** In most cases, if administration costs are allowed, the limit is five (5) percent of the actual total project cost (lines 2.0 through 8.0) unless otherwise noted in the guidelines.

**Line 2.0, Salaries/Fringes:** The total costs of all salaries and fringe benefits required to complete the activities (excluding salary and fringe costs for contracted services).

**Line 3.0, Travel:** The total of all travel costs (excluding travel costs for contracted services). All travel must comply with district travel policy.

**Line 4.0, Equipment - Major:** Tangible property (other than land and/or buildings) used in the operations of business. Any item, which cost \$5000 or more and has a useful life expectancy of two or more years.

**Line 5.0, Equipment - Minor:** Tangible property (other than land and/or buildings) used in the operations of business. Any item(s), which cost up to \$4999 and has a useful life expectancy of two or more years.

**Line 6.0, Software:** The total cost of all software regardless of cost or function.

**Line 7.0, Supplies:** The total cost of all consumable supplies, books, materials, printing, videos, etc. Equipment items with a cost of less than \$500 per item or set are considered supplies.

**Line 8.0, Other:** The total cost of all items that are not classifiable in lines 1.0-7.0, above, e.g., contractual services and honorariums.

**Line 9.0, Total Cost:** The total cost of lines 1.0-8.0, above.

Reimbursed At: The project reimbursement rate percentage (use up to two decimal places).

**Final Claim?:** Key an X next to the appropriate box; Yes or No.

Authorized Signature: The form must be signed by an applicant official.

**District/Applicant Name:** Enter the appropriate agency name.

Preparer's Name: Enter the name of the person who prepared the budget or expenditure report.

**Telephone Number:** Enter the telephone number of the person who prepared the budget or expenditure report.

**Date:** Date the form is prepared.