



MONTHLY GRANT INVOICE

(a) Grantee Name:		(b) Program Name:		(c) Contract No.:	(d) CSFA	(e) FEIN	(f) Date Prepared
(g) Agreement Period thru		(h) Invoice Period thru		(i) IDHS Fiscal Yr.	(j) Final Invoice for Award Period <input type="checkbox"/>	(k) No changes from prior reporting period and/or No new expenses <input type="checkbox"/>	
(l) Invoice Amount:	(m) Indirect Cost Rate: %	(n) Approved Indirect Cost Base:			(o) Approved Indirect Cost Base Amount:		
(p) Fixed Rate Grant (FRG) Yes <input type="checkbox"/> No <input type="checkbox"/>		(q) FRG Rate: \$:	(r) FRG Units Current Period:		(s) FRG Units Cumulative Award:		
(t) Program Restrictions Yes <input type="checkbox"/> No <input type="checkbox"/>		(u) List of Restrictions:					
(v) Mandatory Match %: Yes <input type="checkbox"/> % No <input type="checkbox"/>		(w) Specify Match:					
(x) Program Income (Award to Date):		(y) Program Income (In current reporting period):		(z) Interest earned (Award to Date)		(aa) Interest earned (In current reporting period):	

(bb) Category/Program Expenses	(cc) Current Approved Budget			(dd) Grant Expenditures				(ee) GRANTEE MATCH			(ff) Total Match (Award to Date)
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (award to date)	Current Cash Match	Current In-kind Match	Prior Period Cash and In-kind Match	
1. Personnel											
2. Fringe Benefits											
3. Travel											
4. Equipment											
5. Supplies											
6. Contractual Services/Subawards											
7. Consultant (Professional Services)											
8. Construction											
9. Occupancy (Rent & Utilities)											
10. Research & Development											
11. Telecommunications											
12. Training & Education											
13. Direct Administrative Costs											
14. Other or Miscellaneous											
15. Grant Exclusive Line Item(s)											
(gg) TOTAL DIRECT EXPENSES											
(hh) Indirect Costs											
(ii) TOTAL EXPENDITURES											



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GRANTEE CERTIFICATION (2CFR 200.415)

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the 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)

(jj) Name and Title of Authorized Grantee Representative:		(kk) Date Submitted:
(ll) Email Address:		(mm) Telephone Number:

STATE AGENCY USE ONLY

(nn) Name and Title of State Agency Individual Authorized to Approve Invoice:								(oo) Date Received:	(pp) Date Approved:	
(qq) Funded Program		(rr) SAP Vendor Number		(ss) SAP Contract Number		(tt) CSA Contract Number				
(uu) Commitment Item		(vv) EMF		(ww) EMF Line						
(xx) SAP WBS Elements										SAP TOTAL
(yy) SAP WBS Elements Amount										



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Instructions for Monthly Grant Invoice

Please fill in the fields with the information as described below for the Monthly Grants Invoice.

Required Fields for Grantee Completion:

- a) **Grantee Name:** Name of Organization as registered in the Grantee Portal
- b) **Program Name:** Program Title (ex. - Domestic Violence Prevention and Intervention)
- c) **Agency Contract Number:** Enter Agency Contract number
- d) **CSFA:** Program CSFA number as indicated in the Grantee Portal
- e) **FEIN:** Enter FEIN number
- f) **Date Prepared:** Date that invoice is prepared
- g) **Agreement Period:** Beginning date of grant through ending date of grant
- h) **Invoice Period:** Grant period being invoiced on this form (month of expenses)
- i) **IDHS Fiscal Year:** State Fiscal Year of Grant Award
- j) **Final Invoice for Award Period:** Check this box if this is the final invoice for the grant.
- k) **No Changes from prior reporting period and/or no new expenses:** Check this box if there are no new expenses to report since the last invoice.
- l) **Invoice Amount:** Total of the amounts in column dd/ii "current period grant expense" and dd/ii "grant expense adjustment"
- m) **Indirect Cost Rate:** Enter the indirect cost rate as approved in the Indirect Cost Rate election system and/or the Uniform Grant Budget.
- n) **Approved Indirect Cost Base:** Enter the type of Indirect Cost Base that is approved in the Indirect Cost Rate Election System and/or the Uniform Grant Budget (i.e. MTDC for Modified Total Direct Costs or S/W for Salaries and Wages)
- o) **Indirect Cost Base Amount:** The dollar amount of the base for Indirect Costs (Total Costs minus exclusions from the base for Indirect Costs) Examples of exclusions would include capital equipment, contracts in excess of \$25,000 etc. The indirect cost base amount would be the base amount as approved in the budget.
- p) **Fixed Rate Grant (FRG):** Answer Yes or No to indicate whether or not this is a Fixed Rate Grant
- q) **FRG Rate:** If box P is marked yes, enter the approved unit rate. Otherwise leave blank.
- r) **FRG Units Current Period:** If box P is marked yes, enter the current units billed.
- s) **FRG Units Cumulative Award:** If box P is marked yes, enter total units billed to date.
- t) **Program Restrictions:** Answer yes or no as applicable if there are program restrictions.
- u) **List of Restrictions:** If there are program restrictions, list what the restrictions are.
- v) **Mandatory Match:** Answer yes or no as applicable if the grant has match requirements.
- w) **Specify Match:** If there is a match requirement explain the match (i.e. 25% of grant amount)



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- **x) Program Income (Award to Date):** Enter cumulative program income for the grant period if there is program income to report.
- **y) Program Income (Current Period):** Enter program income earned in the current invoice period if there is program income to report.
- **z) Interest Earned (Award to Date):** Enter any cumulative interest income earned on grant funds for the grant period if there is any interest income to report.
- **aa) Interest Income (Current Period):** Enter any interest income in the current invoice period if there is interest income to report.
- **bb) Category / Program Expense:** Column x contains the budget/invoice line item titles/ descriptions.
- **cc) Current Approved Budget:** Enter the approved budget amount in the first column. The 2nd column and the 3rd column are formula driven from amounts in the approved budget amount and the current period grant expenses. These columns will self-populate as you complete the required fields. The first column in cc, row hh, (Approved Budget/Indirect Costs) is calculated based on the entries made in box m (Indirect Cost Rate) and box o (Indirect Cost Base Amount).
- **dd) Grant Expenditures:**
 - ***Special Note - For Fixed Rate Grants expenses should be reported as the number of units provided multiplied by the unit rate.**
 - **Columns:**
 - **Current Period Grant Expense:** Enter the expenses incurred during the current grant period (month) in this column.
 - **Prior Approved Grant Expenses:** Enter the previously invoiced cumulative expenditures in this column.
 - **Grant Expense Adjustment:** Enter any adjustments to the previously invoiced (prior to this invoice) cumulative expenditures (increases or decreases) in this column.
 - **Post Adjustment Grant Expense (Award to Date):** This column will auto-populate based on the amounts entered in the prior three columns.
 - **Rows:**
 - **Row gg - Total Direct Expenses:** This row is automatically calculated from the data that is entered in the rows 1 - 15 above.
 - **Row hh - Indirect Costs:** This row is for recording indirect costs. Enter data only in columns that are not automatically calculated for this section.
 - **Row ii - Total Expenditures:** This row is automatically calculated based on the entries in row cc and row dd.



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- **ee) Grantee Match:**
 - **Columns:**
 - **Current Cash Match:** Enter any amounts of cash match that are credited to the corresponding budget line item for the current invoice period.
 - **Current In-Kind Match:** Enter any in-kind contributions that are credited to the corresponding budget line item for the current invoice period.
 - **Prior Period Cash and In-Kind Match:** Enter the total of all prior period cash and in-kind matching contributions

- **Rows:**
 - **Row cc - Total Direct Expenses:** This row is automatically calculated from the data that is entered in the rows 1 - 15 above.
 - **Row dd - Indirect Costs:** This row is for recording indirect costs. Enter data only in columns that are not automatically calculated for this section.
 - **Row ee - Total Expenditures:** This row is automatically calculated based on the entries in row gg and row hh.

- **ff) Total Match (Award to Date):**
 - **Column:** Enter the total amount of both Cash and In-Kind Match for the total grant period (this invoice plus all prior invoices for the grant period).
 - **Rows:**
 - **Row cc - Total Direct Expenses:** This row is automatically calculated from the data that is entered in the rows 1 - 15 above.
 - **Row dd - Indirect Costs:** This row is for recording indirect costs
 - **Row ee - Total Expenditures:** This row is automatically calculated based on the entries in row gg and row hh.

- **gg) Total Direct Expenses:** Already Referenced in sections dd, ee, and ff above.
- **hh) Indirect Costs:** Already Referenced in sections dd, ee, and ff above.
- **ii) Total Expenditures:** Already Referenced in sections dd, ee, and ff above.
- **jj) Name and Title of Authorized Grantee Representative:** Enter the printed name and title of the Grantee Authorized Representative.
- **kk) Date Submitted:** Enter the date of invoice submission to the program contact.
- **ll) Email:** Enter the email address of the Grantee Authorized Representative submitting the invoice.



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mm) Telephone Number: Enter the telephone number (or mobile number) of the Grantee Authorized Representative submitting the invoice.

Required Fields for State Agency (Grantor) Completion:

- nn) Name and Title of State Agency Individual Authorized to Approve Report:** Enter printed name and title of State Agency Authorized Individual. Sign after the printed name and title.
- oo) Date Received:** Enter the date the report was received from the grantee.
- pp) Date Approved:** Enter the date that the report was approved for payment.

Optional Fields for State Agency (Grantor) use to assist with SAP Data Entry:

- qq) Funded Program:**
- rr) SAP Vendor Number:**
- ss) SAP Contract Number:**
- tt) CSA Contract Number:**
- uu) Commitment Item:**
- vv) EMF:**
- ww) EMP Line:**
- xx) SAP WBS Elements:**
- yy) SAP WBS Elements Amounts:**