



# STATE OF ILLINOIS PERIODIC FINANCIAL REPORT

## Periodic Financial Report (PFR) Instructions

The Periodic Financial Report (PFR) is a standard, uniform statewide financial reporting format used by all state agencies to collect financial information from recipients of state grant awards. Unless statutorily exempt as documented in the Catalog of State Financial Assistance and the Uniform Grant Agreement (UGA), all grant awards are subject to periodic financial reporting.

General instructions for completing the PFR are contained below. **PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PFR.** Please contact the state agency's point of contact specified in the "State Agency Contacts" section of your UGA if additional support is needed completing the PFR.

### Report Submission

1. The grantee must submit the PFR and any forms required by the awarding state agency as specified in the UGA. State awarding agencies have discretion to add to or supplement the PFR as necessary.
2. The PFR must be submitted to the attention of the state agency's points of contact specified in the "State Agency Contacts" section of your UGA in accordance with the requirements established in the award document.

### Reporting Requirements

1. Unless statutorily exempt as documented in the Catalog of State Financial Assistance and the UGA, all grant awards are required to submit a PFR in accordance with the terms established in the UGA.
2. The Category / Program Expenses or line items of the PFR template should correspond to the current, approved grant budget. All program-specific line items included in the approved budget should be included in the PFR.
3. Use "N/A" for Not Applicable if a data field in Sections (a) through (w) is not relevant to the grant agreement (e.g., Program Income). Terms of the UGA dictate if a field is relevant.
4. The frequency of the PFR is specified in the Notice of Funding Opportunity (NOFO) and the UGA. The PFR must be submitted within the specified time frames.. A submittal will be considered "late" if it is more than 15 calendar days past the due date or the date specified by the State agency's JCAR Rules (including approved extensions.)
5. Under the terms of the Grant Funds Recovery Act (30 ILCS 705/4.1), "Grantor agencies may withhold or suspend the distribution of grant funds for failure to file requirement reports." If the report is more than 30 calendar days delinquent, without any approved written explanation by the grantee, the entity will be placed on the Illinois Stop Payment List. (Refer to the Grantee Compliance Enforcement System for detail about the Illinois Stop Payment List: <https://www.illinois.gov/sites/GATA/Pages/ResourceLibrary.aspx>.)
6. A final PFR shall be required at the completion of the grant term. For final PFRs, the reporting period end date shall be the end date of the project / grant award.
7. A separate consolidated year-end financial report traced to the organization's financial statement is also required. The Consolidated Year-end Financial Report is inclusive of all State of Illinois funding received by the grantee organization. A separate reporting template and instructions are provided for consolidated year-end reporting.



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Section	Data Element	Section Instruction for PFR
	<i>State Agency/Grantor</i>	State Awarding Agency Name.
(a)	<i>Grantee Name</i>	Enter the name of the grantee as exactly stated in the UGA.
(b)	<i>Grant Number</i>	Number assigned by the state awarding agency to the grant award and specified in the UGA.
(c)	<i>CSFA</i>	Number assigned through the Catalog of State Financial Assistance.
(d)	<i>CFDA(s)</i>	Enter the Catalog of Federal Domestic Assistance (CFDA) number(s) as stated in the UGA. If the program is funded by more than one CFDA, list each CFDA number.
(e)	<i>Appropriation Number(s) (State Agency Use Only)</i>	(For State Agency Use Only) Enter the 16 digit State Appropriation code(s) that fund the grant.
(f)	<i>FEIN Number</i>	Enter the grantee's Federal Employer Identification Number provided by the Internal Revenue Service.
(g)	<i>DUNS</i>	Enter the grantee's Dun and Bradstreet number.
(h)	<i>Program Name and/or Code</i>	Enter the program name and / or code exactly stated in the UGA.
(i)	<i>Date Prepared</i>	Enter date PFR was developed and submitted by the grantee to the awarding state agency.
(j)	<i>Agreement Period</i>	Indicate the start and end date established in the UGA. This may span multiple years, based on the terms of the UGA.
(k)	<i>Report Period</i>	Enter the start and ending date of the reporting period. The reporting frequency is specified in the UGA.
(l)	<i>Final Report for Award Period</i>	Mark the box to identify this PFR is the final report required for the Agreement Period specified in Section (j).
(m)	<i>No changes from prior reporting period and/or No new expenses</i>	Mark the box if there are no changes from the prior reporting period and/or no new expenses.
(n)	<i>Indirect Cost Rate</i>	Enter the Indirect Cost Rate percentage (%) as accepted by your State Cognizant Agency for indirect cost reimbursement on this particular award. (Example: 10%) - If no indirect cost reimbursement is requested please enter 0%
(o)	<i>Approved Indirect Cost Rate Base</i>	Enter the Indirect Cost Base description as accepted by your State Cognizant Agency for indirect cost reimbursement on this particular award. (Example: Modified Total Direct Costs - MTDC) - If no indirect cost reimbursement is requested please enter N/A.
(p)	<i>Program Restrictions</i>	Based on the UGA, select "Yes" or "No" to indicate if there are funding-related program restrictions that will be monitored.
(q)	<i>List of Restrictions</i>	Specify the program restriction(s) if Section (p) was marked "Yes".
(r)	<i>Mandatory Match %</i>	If the UGA includes a mandatory match, select "Yes" and identify percentage in the field provided. If the UGA does not include a mandatory match, select "No".
(s)	<i>Specify Match</i>	Specify the match percentage if Section (r) was marked "Yes".



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Section	Data Element	Section Instruction for PFR
(t)	<i>Program Income (Award to Date)</i>	Enter the cumulative amount of grant program income earned to date including current reporting period. Apply agency policy if required to include program income under budget to actual reporting.
(u)	<i>Program Income (In current reporting period)</i>	Enter the amount of grant program income earned during the current reporting period.
(v)	<i>Interest Earned (Award to Date)</i>	Enter the cumulative amount of grant interest earned to date including current reporting period.
(w)	<i>Interest Earned (In current reporting period)</i>	Enter the amount of grant interest earned during the current reporting period.
(x)	<i>Category / Program Expenses</i>	Enter all current and approved line items as exactly stated within the current, approved grant budget. All program expenses must align with specified line items.
(y)	<i>Current Approved Budget (Enter this item first for every Category/Program Expense)</i>	
	<i>Approved Budget</i>	Enter the most current, approved budget amount for each program expense line item.
	<i>Remaining Balance Available</i>	AUTO CALCULATED: Approved Budget for the line item minus Post Adjustment Grant Expenses (Award to Date)
	<i>Expend %</i>	AUTO CALCULATED: Post Adjustment Grant Expenses (Award to Date) divided by Approved Budget for the line item.
(z)	<i>Grant Expenditures</i>	
	<i>Current Period Grant Expense</i>	Enter the amount of expenditures for each line item being reported as expenditures for this award during the period identified in Section (k).
	<i>Prior Approved Grant Expenses</i>	Enter the amount of expenses by line item reported and approved for this line item prior to this reporting period.
	<i>Grant Expense Adjustment</i>	Enter any adjustments / corrections needed to restate expenditures reported in a prior period.
	<i>Post Adjustment Grant Expenses (Award to Date)</i>	AUTO CALCULATED: Sum of Current Period Grant Expenses, Prior Approved Grant Expenses and Adjustments.
(aa)	<i>Current Period Match</i>	Enter amount of cash and in-kind contributions to the grant program for the current reporting period's match requirements. See 2 CFR 200.306.
	<i>Cash</i>	Enter amount of cash contributed to the grant program for the current reporting period.
	<i>In-Kind</i>	Enter value of non-cash contributions to the grant program for the current reporting period.
	<i>Total</i>	AUTO CALCULATED: Total of Cash and In-kind contributions to the grant program in the current reporting period.
(bb)	<i>Total Match (Award to Date)</i>	Enter prior reporting period Total match based on the Previous PFR (Prior Award to Date) plus Total of Current Period Match for the grant program.
(cc)	<i>Total Direct Expenses</i>	AUTO CALCULATED: Sum of the line entries in each column for section (y), (z), (aa) and (bb).
(dd)	<i>Indirect Costs</i>	Enter computed indirect costs based on Sections (n) and (o).
(ee)	<i>Total Expenditures</i>	AUTO CALCULATED: Total Direct Expenses plus Indirect Costs.



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Section	Data Element	Section Instruction for PFR (continued)
	<i>Grantee Certification (2 CFR 200.415)</i>	Federal Uniform Guidance (2 CFR 200.415) requires an authorized grantee representative to certify the accuracy of the information provided in the PFR
(ff)	<i>Name and Title of Authorized Grantee Representative</i>	Enter the name and title of the grantee representative certifying the PFR. This individual must be authorized to represent the grantee in this capacity.
(gg)	<i>Date Submitted</i>	Enter the date the Authorized Grantee Representative submitted the PFR.
(hh)	<i>Email</i>	Enter the email address of the Authorized Grantee Representative certifying the PFR.
(ii)	<i>Telephone Number</i>	Enter the phone number of the Authorized Grantee Representative certifying the PFR.
(jj)	<i>Name and Title of State Agency Authorized Individual</i>	State agency representative authorized to review and approve PFR.
(kk)	<i>Date Received</i>	Date the state agency representative received the submitted PFR.
(ll)	<i>Date Approved</i>	Date the state agency representative authorized approves the PFR.



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(a) Grantee Name Waubonsee Community College		(b) Grant Number CURES56	(c) CSFA 684-00-2499	(d) CFDA(s) 21.019	(e) Appropriation Number(s) <b>(State Agency Use Only)</b>	
(f) FEIN Number 36-6153030	(g) DUNS 070162862	(h) Program Name and/or Code Corona Virus Relief Fund (CURES)			(i) Date Prepared 1/12/2021	
(j) Agreement Period 07/01/2020 thru 12/31/2020		(k) Report Period 07/01/2020 thru 12/31/2020		(l) Final Report for Award Period <input checked="" type="checkbox"/>	(m) No changes from prior reporting period and/or No new expenses <input type="checkbox"/>	
(n) Indirect Cost Rate: 51.00 %		(o) Approved Indirect Cost Base: Modified Total Direct Cost				
(p) Program Restrictions: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		(q) List of Restrictions:				
(r) Mandatory Match %: Yes <input type="checkbox"/> 0.00 % No <input checked="" type="checkbox"/>		(s) Specify Match:				
(t) Program Income (Award to Date) \$0.00		(u) Program Income (In current reporting period) \$0.00		(v) Interest earned (Award to Date) \$0.00		(w) Interest earned (In current reporting period) \$0.00

(x) Category/Program Expenses	(y) Current Approved Budget			(z) Grant Expenditures				(aa) Current Period Match			(bb) Total Match (Award to Date)	Add/ Delete Row
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post-Adjustment Grant Expenses (award to date)	Cash	In-kind	Total		
Personnel (Salary and Wages)			0.00									ADD
												DEL
Fringe Benefits			0.00									ADD
												DEL
Travel			0.00									ADD
												DEL
Supplies	20,000.00	0.00	100.00	20,000.00			20,000.00				0.00	ADD
												DEL
Consultant			0.00									ADD
												DEL
Occupancy			0.00									ADD
												DEL
Direct Administrative Costs			0.00									ADD
												DEL
Miscellaneous Costs			0.00									ADD
												DEL



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(x) Category/Program Expenses	(y) Current Approved Budget			(z) Grant Expenditures				(aa) Current Period Match			(bb) Total Match (Award to Date)	Add/ Delete Row
	Approved Budget	Remaining Balance Available	Expend %	Current Period Grant Expense	Prior Approved Grant Expenses	Grant Expense Adjustment	Post- Adjustment Grant Expenses (award to date)	Cash	In-kind	Total		
Grant Exclusive			0.00									ADD
												DEL
(cc) TOTAL DIRECT EXPENSES	20,000.00	0.00	100.00	20,000.00			20,000.00				0.00	
(dd) Indirect Costs	0.00	0.00	0.00									
(cc) TOTAL EXPENDITURES	20,000.00	0.00	100.00	20,000.00			20,000.00				0.00	



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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).

**(ff) Name and Title of Authorized Grantee Representative:**

Lei Xie

**(gg) Date Submitted:**

January 13, 2021

**(hh) E-mail:** lxie1@waubonsee.edu

**(ii) Telephone Number:** 630-466-2913

**STATE AGENCY USE ONLY**

**(jj) Name and Title of State Agency Individual Authorized to Approve Report:**

**(kk) Date Received:**

**(ll) Date Approved:**