



Financial Monitoring: Overview from IMLS

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General Financial Tips to Remember

The more you know!



Requesting Payment

- Complete the SF270:
<https://www.ims.gov/sites/default/files/sf270.pdf>
- All previously requested advance funds must be fully expended before submitting your next request
- All requests need a signature (no script font!)
- Email completed forms to Grantsadmin@ims.gov

REQUEST FOR ADVANCE OR REIMBURSEMENT	1. TYPE OF PAYMENT REQUESTED	a. <input type="checkbox"/> "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. <input type="checkbox"/> "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST	6. EMPLOYER IDENTIFICATION NUMBER	7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER
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8. PERIOD COVERED BY THIS REQUEST
From: To:

9. RECIPIENT ORGANIZATION

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Less: Cumulative program income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Net program outlays (Line a minus line b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Estimated net cash outlays for advance period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Total (Sum of lines c & d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Non-Federal share of amount on line e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Federal share of amount on line e	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Federal payments previously requested	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Federal share now requested (Line g minus line h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Advances required by month, when requested by Federal grantor agency for use in making proscheduled advances	1st month	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2nd month	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3rd month	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance \$

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

c. Amount requested (Line a minus line b) \$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL:

DATE REQUEST SUBMITTED:

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.



4% Administration

- You are allowed 4% of your LSTA award to administer this program as a whole
- Typically this amount covers (fully or partially) the LSTA Coordinator position and/or the State Librarian position
- *Note: You are not required to use any of the award for administration. You can choose to cover those costs with state funds.*

Reporting

It keeps everyone honest!



Quarterly Accruals - Territories

- Required to submit each quarter to LSTA-QRTAccrual@imls.gov

<i>Column A</i>	<i>Column B</i>	<i>Column C</i>	<i>Column D</i>
Grant Award Numbers for all active grants	Total expenses incurred as of the end of the quarter for each Grant Award	Total amount on SF270s submitted for draw down as of the end of the quarter for each Grant Award	COLUMN B less COLUMN C Accrual amount at the end of the quarter
LS-00-XX-00XX-XX			
LS-00-XX-00XX-XX			



Big Takeaway

Any time you have financial questions, contact your Program Officer!

Questions?