



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

# RESOURCE

## Peer-to-Peer Suicide Prevention Grant Claim Instructions (PI-1086)

The Wisconsin Uniform Financial Accounting Requirements (WUFAR) Object table submitted with your grant application will be used to complete your PI-1086 claim form.

Step-by-step directions for each section of the form, along with a [WUFAR Object Table and PI-1086 Form Example](#), are provided to assist in completing the form easily and accurately, helping to prevent the need for resubmission.

### Preparing to Complete the PI-1086

1. The PI-1086 claim form can be found here: [Program Fiscal Report \(PI-1086\)](#).
2. A copy of your grant application was sent to you following your submission. The subject line is titled "Peer-to-Peer Suicide Prevention Grant, Application Responses" and the email came from [PeertoPeer@dpi.wi.gov](mailto:PeertoPeer@dpi.wi.gov).
3. The **WUFAR Object Table** is located on the last page of a **peer-to-peer application** under the **BUDGET DETAIL** section. **Be sure to have this approved budget handy when completing your claim form.** If you submitted a **Budget Change Form** and it was approved, use the revised budget information instead of the original budget proposal in the application.
4. The **business manager should complete the claim form** since they have access to account codes and the general ledger needed to ensure accuracy. **The claim form must align with the application budget.**
5. Once completed, email the form to both [Aaron.Ziemke@dpi.wi.gov](mailto:Aaron.Ziemke@dpi.wi.gov) and [DPIClaimForms@dpi.wi.gov](mailto:DPIClaimForms@dpi.wi.gov).

Contact [PeertoPeer@dpi.wi.gov](mailto:PeertoPeer@dpi.wi.gov) if you are unable to locate the application and require assistance to obtain a copy of your original application or budget.



## WUFAR Object Table and PI-1086 Form Example

Q39. WUFAR Object					
Purchased Services (300s)—e.g., transportation, etc.	100				
Purchased Services (300s)—e.g., speaker/consultant	800				
Non-Capital Objects (400s)—curriculum, materials/supplies	100				
Others (900s)—e.g., entrance fees	0				

  

District / Agency No.	District / Agency Legal Name <b>School District</b>	CFDA No. or State Statute 255.246	Report for Period Ending 6/30/20XX
Grant Number DPI-246	Program Peer to Peer Suicide Prevention Grant	Project Beginning Date 7/1/20XX	Project Ending Date 6/30/20XX
Name of Person Preparing this Report		Phone Area/No.	Email Address
			Total Amount <b>\$1,000.00</b>

  

**CERTIFICATION**

BY SIGNING THIS REPORT, I CERTIFY to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal 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.)

Name of District / Agency Administrator or Designee Print or type	Title of District / Agency Administrator or Designee Print or type District Administrator	Signature of District / Agency Administrator or Designee	Date Signed Mo./Day/Yr.
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**SUMMARY**

Account Code Fund-Obj.-Func.-Proj.	Account Name	Approved Budget	Obligations	Total Disbursements to Date	Unencumbered Balance
10-310-213000-246	Purchased Service	800.00		800.00	0.00
10-411-213000-246	Supplies	100.00		100.00	0.00
10-341-256770-246	Student Transportation	100.00		100.00	0.00
<b>TOTALS</b>		<b>\$ 1,000.00</b>	<b>\$ -</b>	<b>\$ 1,000.00</b>	<b>\$ -</b>

  

Cash Summary				Matching Funds If Applicable <i>Documentation on file at District Office</i>		Report Type		Amount Requested This Claim	
Total Funds Received to Date	Total Disbursements to Date	Cash on Hand at End of Period	Matching Funds If Applicable	<input type="checkbox"/> Partial Claim	<input type="checkbox"/> Revised Final				
\$ -	\$ 1,000.00	\$ (1,000.00)	\$ -	<input checked="" type="checkbox"/> Final Claim				\$ 1,000.00	

### How to Complete the PI-1086 Claim Form

**District/Agency No:** This is a six-digit number which consists of your two-digit county code followed by the four-digit number. *It is identified on your grant subaward document.*

**District/Agency Legal Name:** Write your school district or agency name.

**CFDA No. or State Statute:** The CFDA/State Statute Number for Peer-to-Peer Suicide Prevention grant is 255.246. This number can also be located on the grant sub award.

**Report for Period Ending:** Record the current month and year in which this report is completed.

**Grant Number:** The grant number for the Peer-to-Peer Suicide Prevention Grant is DPI-246.

**Program:** Peer-to-Peer Suicide Prevention Grant.

**Project Beginning and Ending Date:** The project beginning and ending dates are always 7/1/20XX to 6/30/20XX and only the years change. For example, for the 24-25 school year, the project dates would be 7/1/24 to 6/30/25. *Funds may not be expended or obligated prior to the project beginning date. Funds may not be obligated beyond the project end date.*

## Certification Section

**Name of Person Preparing This Report:** Include your email and phone number.

**Administrator or Designee:** By signing the PI-1086, you are certifying the accuracy of the report as well as meeting Uniform Grant Guidance requirements. *The claim form must be signed and dated.*

## Summary Section

**Account Code:** The format is as follows.

**Fund-Object-Function-Project** (e.g., **10-400-213200-246**)

- **Fund** - Always use **10** (general education)
- **Object** - Add the WUFAR Object code(s) from the **BUDGET DETAIL** section of your application (view the [WUFAR Object Table and PI-1086 Form Example](#)).
- **Function** - Please refer to the latest WUFAR Book or Chart of Accounts on [DPI's WUFAR webpage](#). Typical function codes appropriate for the Peer-to-Peer grant funding:
  - **213000** - Counseling
  - **212000** - Social Work
  - **256000** - Pupil Transportation
- **Project** - Always use **246**

**Account Name:** Report the name of the account corresponding to the account code.

**Approved Budget:** Enter the amounts approved for each account as stated in your approved application.

- The amounts budgeted and the WUFAR object codes must be consistent between the budget submitted on the grant application and the claim form, as illustrated by the red, green and blue arrows. The budget total goes at the bottom of the claim form in the "Totals" row under the "Total Disbursement to Date" and "Amount Requested in this Claim" section.

**Total Disbursements to Date:** Report the cumulative amount of project payments as recorded on your general ledger. **Enter your actual expenses in the "Total Disbursements to Date" column.**

- The **total expenses should match** the “**Total Disbursements to Date**” box under Cash Summary at the bottom of the claim form and match the “**Amount Requested this Claim**” box at the bottom of the claim, unless you are claiming multiple times (most districts only submit one Peer-to-Peer claim per year).

**Unencumbered Balance:** Report the amount of funds that have neither been obligated nor disbursed.

**Report Type:** Check “final claim” in the checkbox.

### **Multiple Schools in a District**

If your district has multiple schools receiving Peer-to-Peer funds, they can all be combined on one claim form. The claimed amounts and WUFAR coding must be consistent with the individual budgets submitted with each school’s application.