

Formula Grant Quarterly Financial Report

Project name: _____
 Subrecipient: _____ Project number: _____
 Address _____ Phone number: _____
 Award amount: \$ _____ Project period: _____
 Federal Funds Spent: \$ _____

Please check the report you are sending in:

- July-September
 October-December
 January-March
 April-June

NOTE: Requests for funds will be denied unless this Report is completed and filed on time as required by the Project manual.

Federal Funds Spent:

| Budget Category | Amt. budgeted | Total previously spent | Amt. spent this quarter | Total spent to date |
|-----------------|---------------|------------------------|-------------------------|---------------------|
| Personnel | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Consultants | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Travel | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Equipment | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Totals | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

 Project Director's signature Date

Certification: I hereby certify that this Report represents actual receipts and expenditures of funds for the period covered and for the total project to date, all made in accordance with the approved budget for the above named project.

 Financial Officer's signature Date

Certification: I hereby certify that this Report represents actual receipts and expenditures of funds for the period covered and for the total project to date, all made in accordance with the approved budget for the above named project.