



Youth Assessment Center - Limited Longevity Support

Quarterly Financial Report

Project name: _____

Subrecipient: _____ Project number: _____

Address _____ Phone number: _____

Award amount: \$ _____ Project period: _____

Advance Funds _____ Advance Funds

Requested (to date): \$ _____ remaining: \$ _____

Please check the time period you are reporting on:

☐ 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 Grant Manual.

Funds Spent:

<u>Budget Category</u>	<u>Amount budgeted</u>	<u>Total previously spent</u>	<u>Amount spent this quarter</u>	<u>Total spent to date</u>
Personnel	\$ _____	\$ _____	\$ _____	\$ _____
Consultants	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

I hereby certify that this Financial 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.

Project Director's signature

Date

Financial Officer's signature

Date