



IDJC Assessment Center Grant Quarterly Financial Report

Project name: _____

Subrecipient: _____ Project number: _____

Address _____ Phone number: _____

Award amount: \$ _____ Project period: _____

Funds Spent: \$ _____

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.

State Funds Spent:

<u>Budget Category</u>	<u>Amount budgeted</u>	<u>Total previously spent</u>	<u>Amount spent this quarter</u>	<u>Total Award Remaining</u>
Communication/ Marketing	\$ _____	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____	\$ _____
Training	\$ _____	\$ _____	\$ _____	\$ _____
Assessment/Tech	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
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