

SECTION III: Fiscal Summary

Dates of Quarter ~~XXXXXX~~ ~~XXXX~~ ~~XXXX~~ Quarter

Agency Name

Project Name

Grant Contract #

| | QUARTER | YEAR TO DATE |
|---|---------|--------------|
| A. Grant Funds received from Commission | | |
| B. Total Grant Expenditures | | |
| C. Total Grant outstanding Obligations | | |
| D. Available Grant Funds / Balance A- (B + C) | | |

Fill out Lines E through G **only** if applicable.

Check if not applicable

E. Project Income Generated

(e.g. Honorariums, co-sponsorships, bank account interest on Commission funds, registration fees, sales of educational materials, etc.) NOTE: Generating Project Income is not to serve as client access barrier, thus fees and other charges are not to be derived from clients and / or potential clients.

F. Project Income Expended

G. Available Project Income Balance: (E - F)

If project expenditures on line "B" are less than anticipated in the current project budget, please explain reason(s) and future spending plan. The Commission may reduce the grant award if projections indicate grant funds will not be used. Please submit a budget revision if necessary.

COMMENTS AND EXPLANATIONS:

Check if additional sheets are attached

FOR COMMISSION USE:

We certify the information contained in this report is to the best of our knowledge, correct and reflective of the agency's accounting records.

Signature of Executive Director

Date

Signature of Fiscal Officer

Date

This report is required with 15 days of end of the period. Failure to comply with this requirement may result in non-payment.

SALARIES AND FRINGE BENEFITS

**PERSONNEL
CATEGORY 1**

| Provide Staff Job Title and Name in This Column | Salary Expended This Quarter | Salary Budgeted This Year | Salary Expended This Year | Fringes Expended This Quarter | Fringes Budgeted This Year | Fringes Expended This Year |
|---|------------------------------|---------------------------|---------------------------|-------------------------------|----------------------------|----------------------------|
| (A) | (B) | (C) | (D) | (E) | (F) | (G) |
| | | | | | | |
| Subtotal - Personnel Category 1 | | | | | | |
| Subtotal = Salaries + Fringes | | | | | | |
| Add Columns | (B & E) | (C & F) | (D & G) | | | |

TRAVEL

NON-PERSONNEL
CATEGORY 2

| Name and Job Title (List mileage and all related line items as they appear on the approved budget) [A] | Expended This Quarter [B] | Budgeted This Year [C] | Expended This Year [D] |
|--|---------------------------------|------------------------------|------------------------------|
| | | | |
| Subtotal - Travel Category 2 | | | |

EQUIPMENT

CATEGORY 3

| Equipment (List items and Quantity) Rental and Leasing Only [A] | Expended This Quarter [B] | Budgeted This Year [C] | Expended This Year [D] |
|---|---------------------------------|------------------------------|------------------------------|
| | | | |
| Subtotal - Equipment Category 3 | | | |

SUPPLIES, CONTRACTS AND OTHER

CATEGORY 4

| Supplies, Contracts and Other (itemize) [A] | Expended This Quarter [B] | Budgeted This Year [C] | Expended This Year [D] |
|--|---------------------------------|------------------------------|------------------------------|
| | | | |
| Subtotal - Supplies, Contracts and Other Category 4 | | | |

ADMINISTRATIVE / INDIRECT COST

CATEGORY 5

| Administrative / Indirect Cost (itemize) [A] | Expended This Quarter [B] | Budgeted This Year [C] | Expended This Year [D] |
|---|---------------------------------|------------------------------|------------------------------|
| | | | |
| Subtotal Administrative/Indirect Cost (category 5) | | | |
| Total (Categories 1-5) | | | |

OUTSTANDING OBLIGATIONS / ENCUMBRANCES

CATEGORY 6

List all outstanding obligations / encumbrances incurred but not paid **at the end of the quarter**
(must correspond with your approved budget).

| Item (list or describe) | Date (s) obligations was incurred | Amount |
|---|-----------------------------------|--------|
| | | |
| Total Obligations / Encumbrances | | |