



# 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>
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