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| --- | --- |
| **Report** | |
| Feb 2020 – June 2020 |  |
| July 2020 – December 2020 |  |
| January 2021- June 2021 |  |
| July 2021 - Project End Date |  |
| Liquidation |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grant Award #: | | | | | | | | | | | | | | |  | |
| Fiscal Year: | | | | | | | | | | | | | | | 2019-2020 | |
| Organization: | | | |  | | | | | | | | | | | |
| Project Title: | |  | | | | | | | | | | | | | | |
| Project Coordinator: | | | |  | | | | | Title: | |  | | | | |
| Telephone: |  | | | | | | E-mail: |  | | | | | | | | |
| Completed By: | | |  | | | | | | | Title: | |  | | | | |
| Telephone: |  | | | | | | E-mail: |  | | | | | | | | |
| Authorized Representative: | | | | |  | | | | | Title: | |  | | | | |
| Telephone: |  | | | | | | E-mail: |  | | | | | | | | |
| Signature of Authorized Representative: | | | | | |  | | | | | | | Date: |  | | |

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| 1. Attached the completed UNSIGNED financial form to your completed report in Submittable 2. Your report will be reviewed and either approved or sent back for revisions. 3. Once approved the form will be sent to you for signature using DocuSign. |

| Budget Categories | (1)  Original Approved Budget | **(2)**  **Current**  **Approved**  **Budget** | (3)  Feb 2020-  June 2020 | (4)  July 2020- Dec 2020 | (5)  Jan 2021- June 2021 | (6)  July 2021- Project End | **(7)**  **Total Expended** | (8)  Outstanding Encumbrances at Project End | (9)  **Liquidation** of Outstanding Project End Encumbrances | **(10)**  **Unexpended/**  **Unencumbered Balance** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Salaries/Wages/  Benefits | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Consultant Fees | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Supplies/Materials | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Equipment ($5,000 or more per unit) | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Services | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Indirect Cost | $0 | $0 | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |
| Grand Total | **$0** | **$0** | $0 | $0 | $0 | $0 | **$0** | $0 | $0 | **$0** |