

Budget Transaction Reports will not be processed without a Status Report for the reporting period on file, a Budget Itemization Report, and any other required documentation as established in your Notification Of Grant Award (for more information, see the DCF Grants Manual, Section V-Reporting Requirements). Preliminary reports will NOT be accepted. Submit this form to your designated DCF Program Manager according to the timeline established in your Notification Of Grant Award.

				BUDGI	ET TRAI	NSACTIO	N REP	ORT (MO	NTHLY-F	FY)					
Grantee Agency/A	ddress		Grant Number	FE	IN	Amount To	Be Paid				For Sta	te Use Only			
Grantee							PO Number				Voucher Number				
Street Address*	ress*		Grant Amount		Grant Ye	ear (from/to)		Total Current Period Expenses		Advance Deducted		Adjustment (+ or -)		Total Warrant Amount	
City, State, Zip*															
E-Mail			Final Report?	This	Report Is For	The Period (from	n/to)	Program		Fund/Budget U	nit	Account		Amount	
										3				Allowite	
Phone Number		Fax Number		SMART Vendor N	umber	Speedchart									
						Speedchart									
				Location		Speedchart									
					EX	PENDITURE IN	IFORMATI(ON ****							
Line Item	Approved Budget**	Expended to Date	Budget Balance	October	November	December	January	February	March	April	May	June	July	August	.September
Personnel															
Fringe Benefits															
Travel															
Equipment															
Supplies															
Contractual															
Building															
Training															
Indirect Costs***															
Total Expense															
*physical address required			a grant the figures in the	Annroyed Budget o	olumn must he adii	isted accordingly									

CERTIFICATION: Grantee Project Director - I certify that to the best of my knowledge and belief, this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

Grantee Project Director	Signature:	Date:	Has a Status Report for this reporting period been submitted?
	-		Yes
			No
DCF Program Manager	Signature:	Date:	
			Has a Budget Itemization Report for this period been submitted?
DCF OGC Grant &			Yes
Contract Specialist	Signature:	Date:	No

^{***}Indirect Costs may not exceed 10% of the Grant Budget.

^{****}If reimbursement is being requested for monies spent by sub-grantee agencies, a copy of the sub-grantee's Tax Clearance Certificate, Debarment Memorandum, and signed Specific Terms & Conditions must be submitted with this report.

ITEMS ON THIS PAGE APPLY ONLY TO CERTAIN GRANT AWARDS

(Grantee Agencies are required to fill out the information below if it is established as a requirement in their Notification Of Grant Award.)

	MATCHING EXPENDITURES*														
Line Item	Match Required	Match Expended to Date	Match Balance	October	November	December	January	February	March	April	May	June	July	August	September
Personnel															
Fringe Benefits															
Travel															
Equipment															
Supplies															
Contractual															
Building															
Training															
Indirect Costs															
Total Expense															

^{*}Grantee Agencies must report matching expenses in the table above, if such a requirement has been established in their Notification Of Grant Award. For more information, contact your designated DCF OGC Grant & Contract Specialist.

RECOUPMENT OF ADVANCED GRANT FUNDS**														
Advance Awarded	Advance Recouped to Date	Advance Balance	October	November	December	January	February	March	April	May	June	July	August	September

^{**}Grantee Agencies that have been awarded advances must pay DCF back either in one lump sum during the initial period of the grant, or by reducing the reimbursement amount for actual expenditures by an equal portion each period, as determined by their approved Advance Grant Funds Request. During payment processing, DCF will deduct the amount(s) listed above from the corresponding Total Expense figure(s) for the period(s) on page one of this Report. For more information, contact your designated DCF OGC Grant & Contract Specialist.

*****OGC GRANT & CONTRACT SPECIALISTS DO NOT CONFIRM OR VALIDATE THE ADMINISTRATIVE PORTION BELOW WHEN SIGNING THIS FORM!*****

ADMINISTRATIVE PORTION OF TOTAL GRANT EXPENSES***														
	Administrative Portion to Date		October	November	December	January	February	March	April	Мау	June	July	August	September

^{***}Grantee Agencies that are receiving federal funding via their grant award must list above the administrative portion of their Total Expenses identified on page one of this Report, if such a requirement has been established in their Notification Of Grant Award. For this purpose, administrative expenses are defined as: 1) salaries and related costs of the grantee engaged in the administration and implementation of the grant (including: a) planning, developing, and designing the grant; b) providing the public with information about the grant; c) preparing the grant; d) developing agreements to carry out the grant; e) monitoring the grant for compliance; f) preparing reports and other documents related to the grant program for submission to DCF; g) coordinating the resolution of audits and monitoring findings; h) evaluating performance results; and i) managing or supervising persons with responsibilities, described in administrative services, including accounting services, human resources, facilities, etc.; 4) audit services; 5) other costs for goods and services required for the administration of the grant, (including rental or purchase of equipment, utilities, and office supplies; and 6) indirect costs. The cost of any activity providing direct services for the program shoud not be included in administrative costs. FOR MORE INFORMATION, CONTACT DCF OFFICE OF FINANCIAL MANAGEMENT'S FEDERAL REPORTING UNIT.