

Attachment F

Monthly Fiscal Report

Items that RS will fill in and will remain unchanged for the duration of the grant year:

1. Agency ID (E,F9)
2. Grant Amount (D7)
3. All lines in the Approved Budget column (B13-B24)

Items that the grantee will fill in and can leave filled in for the rest of the grant year:

1. Name of CIL (A3)
Street Address (A4)
City, State and Zip code (A5)
2. Contact e-mail (A,B,C 7)
3. Phone Number (A9)
4. Fax Number (C9)
5. Grant Number (D3)
6. FEIN (E,F3)

Items that RS will fill in monthly:

1. All internal administrative payment instructions (columns I-P, rows 2-10; columns E-H rows 8-10)
2. KRS Program manager signature (D,E 32) and date (G32)
3. KRS Fiscal signature (D,E 35) and date (G35)

Items Grantee must fill in monthly:

1. Amount to be paid (H3)
2. Report Period Start date (F7)
3. Report Period end date (H7)
4. Monthly line items expenditure totals (Months by column- July:E, August:F, September:G, October:H, November:I, December:J, January:K, February:L, March:M, April:N, May:O, June:P).
(Line items to enter by Row: Personnel:13, Taxes/Fringe:14, Travel:14, Equipment:16, Supplies:17, Contractual:18, Building:19,Other:20, Other:21, Indirect:23)
5. CIL Director Signature (D,E 29) and Date (G29)