

**8760 Illustration 1**

(Revised 03/13)

## Grant Financial Status Report

## A. Grant Information:

1. Grant Name: \_\_\_\_\_ Identification Number, if applicable: \_\_\_\_\_
2. Grant Period: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Quarter covered by report: From: \_\_\_\_\_ To: \_\_\_\_\_
4. Final Report: Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Accounting Basis: Cash: \_\_\_\_\_ Accrual: \_\_\_\_\_

## B. Grantor Information:

State Department and Office: \_\_\_\_\_

## C. Grantee Information:

1. Grantee Organization Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_
3. Employer Identification Number, if applicable: \_\_\_\_\_

## D. Fiscal Information:

1. Net outlays previously reported (line D.3. from previous quarter's report) \$ \_\_\_\_\_
2. Total net outlays this report period \$ \_\_\_\_\_
3. Net outlays to date (line D.1. plus line D.2.) \$ \_\_\_\_\_
4. Less: Nongrant share of outlays \$ \_\_\_\_\_
5. Total grant share of outlays (line D.3. minus line D.4.) \$ \_\_\_\_\_
6. Total unliquidated obligations \$ \_\_\_\_\_
7. Less: Nongrant share of unliquidated obligations \$ \_\_\_\_\_
8. Grant share of unliquidated obligations (line D.6. minus line D.7.) \$ \_\_\_\_\_
9. Total grant share of outlays and unliquidated obligations  
(line D.5. plus line D.8.) \$ \_\_\_\_\_
10. Total cumulative amount of grant funds authorized \$ \_\_\_\_\_
11. Unobligated balance of grant funds (line D.10. minus line D.9.) \$ \_\_\_\_\_

## E. Non Fiscal Information

## 1. Certification:

I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all disbursements have been made in accordance with the grant agreement.

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Name and Title: \_\_\_\_\_  
(Printed or Typed)

4. Telephone: Area: \_\_\_\_\_ Number: \_\_\_\_\_ Extension: \_\_\_\_\_

## F. Remarks:

**8760 Illustration 2**

(Revised 03/13)

## Grant Cash Transaction Report

## A. Grant Information:

1. Grant Name: \_\_\_\_\_ Identification Number, if applicable: \_\_\_\_\_
2. Grant Period: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Quarter covered by report: From: \_\_\_\_\_ To: \_\_\_\_\_
4. Final Report: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## B. Grantor Information:

State Department and Office: \_\_\_\_\_

## C. Grantee Information:

1. Grantee Organization Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_
3. Employer Identification Number, if applicable: \_\_\_\_\_

## D. Fiscal Information:

- |   |                          |          |                 |
|---|--------------------------|----------|-----------------|
| 1. Cash on hand beginning of period   |                          |          | \$ _____        |
| 2. Receipts:  | A. Reimbursements        | \$ _____ |                 |
|   | B. Advances              | \$ _____ |                 |
|   | C. Grant share of income | \$ _____ |                 |
|   | D. Interest income       | \$ _____ | Total: \$ _____ |
| 3. Total Cash Available (sum of line D.1. and line D.2.)                                  |                          |          | \$ _____        |
| 4. Disbursements  |                          |          | \$ _____        |
| 5. Adjustments to prior quarters  |                          |          | \$ _____        |
| 6. Cash on hand end of quarter  |                          |          | \$ _____        |
| 7. The amount shown on line 6 above represents cash requirements for the next _____ days. |                          |          |                 |
| 8. Advances during the quarter: Sub-grantee   |                          |          | \$ _____        |

## E. Non Fiscal Information

## 1. Certification:

I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all disbursements have been made in accordance with the grant agreement.

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Name and Title: \_\_\_\_\_  
(Printed or Typed)

4. Telephone: Area: \_\_\_\_\_ Number: \_\_\_\_\_ Extension: \_\_\_\_\_

## F. Remarks: