

JFNA FINANCIAL WORKBOOK QUICK TIPS

A one-pager on the data required for all JFNA financial forms. For more details, see the JFNA Financial Workbook Guide.

Financial Reporting Form

Complete the following line items and columns.

Reporting Period Section

- Name/Title of Person Completing Report (row 6)
- Reporting Quarter (row 7)
- Report Submission Date to JFNA (row 8)

Subgrantee Information Section

- Primary Contact for Program (email address and phone number) (row 13)
- Secondary Contact for Program (email address and phone number) (row 14)

Project Description Section

- JFNA Funds Received (row 25, column D, F, H or K depending on the quarter)
- Personnel (row 31, column E, G, I, or L depending on the quarter)
- Training Workshop (row 32, column E, G, I, or L depending on the quarter) max. \$2,500
- Programming (row 33, column E, G, I or L depending on the quarter)
- Overhead (row 34, column E, G, I or L depending on the quarter)

Carryover Request Form

Complete the following line items and columns.

Subgrantee Information Section

- Name and Title of Person Requesting Carryover (row 7)
- Requester's Contact Information (email address and phone number) (row 8)
- Date of Request (row 9)
- Total Carryover Request (row 11)

Questions Section

- What impeded your organization's ability to spend your grant funds by the end of Program Year 1? (row 15)
- Explain in detail how your agency plans to spend the carryover funds in Program Year 2. (row 17)

Evidence of Match Form

Complete the following line items and columns for each itemized contribution.

In-Kind Contribution Section (rows 18-25)

- Type of In-Kind Contribution (column A)
- Name and Source of Contribution (column B)
- Date or Time Period Contribution Received (column C)
- Value of In-Kind Contribution (column D)
- Rationale for Contribution (column E)

Financial Contribution Section (rows 34-41)

- Type of Financial Contribution (column A)
- Name and Source of Contribution (column B)
- Date (8/31/22 Deadline) (column C)
- Value of Financial Contribution (column D)

Budget Modification Request Form

Complete the following line items and columns.

Subgrantee Information Section

- Name and Title of Person Requesting the Budget Modification (row 7)
- Requester's Contact Information (email address and phone number) (row 8)
- Date of Request (row 9)
- Total Program Budget (row 10)

Budget Modification Chart Section

(For each itemized change complete the below columns.)

- Column A: Budget Line Item
- Column B: Name of Program Impacted
- Column C: Original Amount from Approved Application Budget
- Column D: New Amount (Budget Change Requested)
- Column E: Reason for Modification