



HC - 3/1/20-5/31/20 Quarterly Spending Report

Name *

First Name

Last Name

Email *

example@example.com

Legal Agency Name *

JFNA Grant Number *

ex: D-3 or E-14

JFNA Grant Amount (This program year's award amount from JFNA) *

ex. \$10,000

Amount Carried Over From Year 1 (If Applicable)

Minimum Match (this program year)

Do not include overmatch.

This Program Year's Total Budget (JFNA + Minimum Match + Carryover) *

ex. \$10,000

Do Not Include Overmatch

Money Received From JFNA this Quarter (reporting period) *

ex. \$10,000

Actual cash received (not accrual basis)

Money Received From JFNA this Program Year (to date) *

ex. \$10,000

Actual cash received (not accrual basis). For example, if all JFNA funds for the year have already been received, then the full amount should be reflected on each quarterly report for the rest of the year.

Match Funds Received this Program Year *

ex. \$10,000

Actual cash & in-kind received (not accrual basis). For example, if all matching funds have been received, then the full amount should be reflected on each quarterly report for the rest of the year. Do Not Include Overmatch.

Personnel Expenses Paid this Quarter (reporting period) *

ex. \$10,000

Activities, Events, Classes, and Meeting Expenses Paid this Quarter (reporting period) *

ex. \$10,000

Overhead Expenses Paid this Quarter (reporting period) *

ex. \$10,000

Total Project Expenses Paid this Quarter (reporting period) *

ex. \$10,000

Total Expenses Paid this Program Year (to date) *

Comments

Please explain any anomalies and why. For example, if in the first quarter you have already spent 75% of your funds, explain why. Or, if it is the third quarter and you've only spent 25% of your budget for the program year, explain why. Use this section to anticipate and answer questions that may arise from reading this report. Additionally, if there are any other comments you have please feel free to share them here.

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