

Vermont Center for Crime Victim Services

58 S. Main Street Suite 1

Waterbury, VT 05676

802-241-1250

**Quarterly Financial Report and Request for Grant Funds**

<b>Name of Subgrantee</b>		<b>Prepared By:</b>	
<b>Address Line 1</b>			
<b>Address Line 2</b>		<b>Vendor No.</b>	
<b>City, State Zip</b>		<b>Final Report:</b>	
<b>Telephone</b>		<b>Yes</b>	
<b>VCCVS Grant No.</b>			
<b>Federal Grant No.</b>		<b>No</b>	
<b>Period Covered</b>			
<b>Email Address</b>			
<b>SECTION I-AWARD</b>	<b>Grant Funds</b>	<b>Match</b>	<b>Total</b>
Approved Budget \$			
<b>SECTION II- RECEIPTS</b>			
1. GRANT FUNDS RECEIVED			
(Prior to this quarter)			
2. FUNDS RECEIVED			
(During this quarter)			
3. TOTAL RECEIVED TO DATE			
(1+2=3)			
<b>SECTION III-EXPENDITURES</b>			
1. GRANT FUNDS EXPENDED			
(Prior to this quarter)			
2. FUNDS EXPENDED			
(During this quarter)			
3. TOTAL EXPENDED TO DATE			
(1+2=3)			
<b>SECTION IV-BALANCE</b>			
1. TOTAL RECEIPTS			
(Section II, line 3)			
2. LESS TOTAL EXPENDED			
(Section III, line 3)			
3. TOTAL ON HAND			
<b>SECTION V – GRANT FUNDS AVAILABLE</b>			
1. Grant Funds Available			
<b>SECTION VI – MATCH FUNDS BALANCE</b>			
1. Match Funds Balance			
<b>SECTION VII – AMOUNT REQUESTED THIS QUARTER</b>			
<b>ENTER AMOUNT REQUESTED THIS QUARTER</b> <i>Required even if 0!</i>			

<b>Name of Subgrantee</b>	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>City, State Zip</b>	
<b>Federal Grant No.</b>	
<b>Vendor No.</b>	

<b>SECTION VIII – GRANT FUND EXPENDITURES FOR DURATION OF THE PROJECT</b>				
<b>Category</b>	<b>Budgeted Grant Amount</b>	<b>Prior Grant Expenditures</b>	<b>Current Grant Expenditures</b>	<b>Project Status</b>
	<b>a</b>	<b>b</b>	<b>c</b>	<b>a- (b+c)</b>
Personnel Salaries and Benefits				
Consultants				
Travel				
Office Expenses				
Facilities Rental				
Equipment				
Other				
Indirect				
<b>Total</b>				
<b>Check Field Should = 0</b>				

**Signature-required for auditing purposes:** Choose one of the following two ways to sign this document: 1) an electronic signature or 2) by printing the form, signing it and then scanning a PDF of the document and emailing it back to the address below.

**Signature**

**Title:**

**Date:**

**NOTE REQUEST FOR PAYMENT WILL NOT BE HONORED IF ANY FISCAL REPORTS ARE DELINQUENT. ALL LINE ITEMS ON THIS FORM MUST BE FILLED IN**

Please Submit Report to [Financial.Reports@ccvs.state.vt.us](mailto:Financial.Reports@ccvs.state.vt.us)

If you have any questions please contact Carol Brochu, Financial Manager  
 carol.brochu@ccvs.state.vt.us or 802-241-1250 x 107