

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

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

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

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

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

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