



**Budget Transaction Reports will not be processed without a Status Report for the reporting period on file, a Budget Itemization Report, and any other required documentation as established in your Notification Of Grant Award (for more information, see the DCF Grants Manual, Section V-Reporting Requirements). Preliminary reports will NOT be accepted. Submit this form to your designated DCF Program Manager according to the timeline established in your Notification Of Grant Award.**

**BUDGET TRANSACTION REPORT (MONTHLY-CY)**

Grantee Agency/Address			Grant Number	FEIN	Amount To Be Paid		For State Use Only			
Grantee							PO Number		Voucher Number	
Street Address*			Grant Amount	Grant Year (from/to)			Total Current Period Expenses	Advance Deducted	Adjustment (+ or -)	Total Warrant Amount
City, State, Zip*										
E-Mail			Final Report?	This Report Is For The Period (from/to)			Program	Fund/Budget Unit	Account	Amount
Phone Number		Fax Number		SMART Vendor Number	Speedchart					
					Speedchart					
				Location	Speedchart					

**EXPENDITURE INFORMATION \*\*\*\***

Line Item	Approved Budget**	Expended to Date	Budget Balance	January	February	March	April	May	June	July	August	September	October	November	December
Personnel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Building	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect Costs***	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expense	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*physical address required, including 9-digit zip code

\*\*when there has been an approved/signed Revision or Amendment to the grant, the figures in the Approved Budget column must be adjusted accordingly

\*\*\*Indirect Costs may not exceed 10% of the Grant Budget.

\*\*\*\*If reimbursement is being requested for monies spent by sub-grantee agencies, a copy of the sub-grantee's Tax Clearance Certificate, Debarment Memorandum, and signed Specific Terms &amp; Conditions must be submitted with this report.

**CERTIFICATION:** Grantee Project Director - I certify that to the best of my knowledge and belief, this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

Grantee Project Director	Signature:	Date:	Has a Status Report for this reporting period been submitted?	
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No
DCF Program Manager	Signature:	Date:	Has a Budget Itemization Report for this period been submitted?	
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No

## ITEMS ON THIS PAGE APPLY ONLY TO CERTAIN GRANT AWARDS

(Grantee Agencies are required to fill out the information below if it is established as a requirement in their Notification Of Grant Award.)

MATCHING EXPENDITURES*															
Line Item	Match Required	Match Expended to Date	Match Balance	January	February	March	April	May	June	July	August	September	October	November	December
Personnel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Building	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Expense</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*Grantee Agencies must report matching expenses in the table above, if such a requirement has been established in their Notification Of Grant Award. For more information, contact your designated DCF OGC Grant & Contract Specialist.

RECOUPMENT OF ADVANCED GRANT FUNDS**															
	Advance Awarded	Advance Recouped to Date	Advance Balance	January	February	March	April	May	June	July	August	September	October	November	December
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00

\*\*Grantee Agencies that have been awarded advances must pay DCF back either in one lump sum during the initial period of the grant, or by reducing the reimbursement amount for actual expenditures by an equal portion each period, as determined by their approved Advance Grant Funds Request. During payment processing, DCF will deduct the amount(s) listed above from the corresponding Total Expense figure(s) for the period(s) on page one of this Report. For more information, contact your designated DCF OGC Grant & Contract Specialist.

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\*\*\*\*\*OGC GRANT & CONTRACT SPECIALISTS DO NOT CONFIRM OR VALIDATE THE ADMINISTRATIVE PORTION BELOW WHEN SIGNING THIS FORM!\*\*\*\*\*

ADMINISTRATIVE PORTION OF TOTAL GRANT EXPENSES***														
	Administrative Portion to Date		January	February	March	April	May	June	July	August	September	October	November	December
	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\*\*\*Grantee Agencies that are receiving federal funding via their grant award must list above the administrative portion of their Total Expenses identified on page one of this Report, if such a requirement has been established in their Notification Of Grant Award. For this purpose, administrative expenses are defined as: 1) salaries and related costs of the grantee engaged in the administration and implementation of the grant (including : a) planning, developing, and designing the grant; b) providing the public with information about the grant; c) preparing the grant; d) developing agreements to carry out the grant; e) monitoring the grant for compliance; f) preparing reports and other documents related to the grant program for submission to DCF; g) coordinating the resolution of audits and monitoring findings; h) evaluating performance results; and i) managing or supervising persons with responsibilities described in a-h); 2) travel costs incurred for a-i; 3) administrative services, including accounting services, human resources, facilities, etc.; 4) audit services; 5) other costs for goods and services required for the administration of the grant, including rental or purchase of equipment, utilities, and office supplies; and 6) indirect costs. The cost of any activity providing direct services for the program should not be included in administrative costs. **FOR MORE INFORMATION, CONTACT DCF OFFICE OF FINANCIAL MANAGEMENT'S FEDERAL REPORTING UNIT.**