

**QUARTERLY FINANCIAL REPORT INSTRUCTIONS**

**1. Grantee and Reporting Period Information**

Project Title: <input type="text"/> <small>ENTER THE TITLE OF YOUR GRANT. THE TITLE CAN BE FOUND IN ZOOMGRANTS AND ON THE GRANT AGREEMENT/CONTRACT.</small>	Grant Number: <input type="text"/> <small>ENTER THE GRANT NUMBER OF YOUR GRANT. IT CAN BE FOUND IN ZOOMGRANTS AND ON THE GRANT AGREEMENT/CONTRACT.</small>
Grantee Agency: <input type="text"/> <small>ENTER THE NAME OF AGENCY RECEIVING THE GRANT</small>	Project Duration: <input type="text"/> MONTHS <small>ENTER THE PROJECT START AND END DATES AND LENGTH OF PROJECT</small>
Prepared By: (Name, Mailing Address, Telephone & Email) <input type="text"/> <small>ENTER THE NAME AND CONTACT INFORMATION OF THE PERSON COMPLETING THE REPORT. PLEASE INCLUDE MAILING ADDRESS, TELEPHONE AND EMAIL.</small>	Report Covers Project Activity During the Following Calendar Quarter of 202 <input type="text"/> : <small>COMPLETE THE YEAR AND PLACE AN "X" IN THE REPORTING PERIOD</small> Jan. 1 – March 31: <input type="checkbox"/> April 1 – June 30: <input type="checkbox"/> July 1 – Sept 30: <input type="checkbox"/> Oct 1 – Dec 31: <input type="checkbox"/>

In most cases, the Project Duration will be 12 months and the start ('From') and end ('To') dates will be January 1<sup>st</sup> and December 31<sup>st</sup> of the funding year.

**2. Grant Award Status Information**

AWARD STATUS		Local VALE Funds
1. Total Award	\$0.00	<small>ENTER TOTAL AMOUNT OF GRANT AWARD. FOUND ON CONTRACT.</small>
2. Grant Funds Received YTD	\$0.00	<small>ENTER TOTAL GRANT PAYMENTS RECEIVED YEAR TO DATE.</small>
3. Grant Funds Remaining	\$0.00	<small>THIS SECTION AUTO-CALCULATES.</small>
4. Funds Received this Quarter		<small>ENTER TOTAL GRANT PAYMENTS RECEIVED DURING THE REPORTING PERIOD.</small>

**3. Current Quarter and Year to Date Expenditure Information**

**EXPENDITURES**

Budget Category	A Total Approved VALE Budget	B VALE Expenditures at Beginning of Quarter	C VALE Expenditures this Quarter	D Total VALE Expenditures to Date (Column B + Column C)	E VALE Funds Remaining
5. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Supplies & Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. In-State Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Professional Consultants/Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Column A- TOTAL APPROVED (VALE BUDGET): Enter the amounts approved for funding for each line item (Personnel, Supplies & Operating, In-State Travel, Equipment, Professional Consultants/Services). The total approved can be found on page one of the contract agreement. **Use ‘Tab’ to move between fields. Tab also triggers the formulas embedded in the report.**

Column B- VALE EXPENDITURES BEGINNING OF QUARTER: Enter the total amount of grant funds spent prior to the current grant reporting period for each category.

- Quarter 1 (01/01 - 03/31/):** *No prior year grant funds were expended prior to the reporting period. Zero should be entered for all categories in this column.*
- Quarter 2 (04/01 – 06/30):** *Enter the total spent for each budget category from Q1*
- Quarter 3 (07/01 – 09/30):** *Enter the total spent for each budget category from Q1 & Q2.*
- Quarter 4 (10/01 – 12/31):** *Enter the total spent for each budget category from Q1, Q2, & Q3*

Column C- EXPENDITURES THIS QUARTER: Enter the total amount of grant funds spent during the current reporting period for each category.

Column D- TOTAL EXPENDITURES TO DATE: This column automatically calculates. Verify the total shown matches your records.

Column E- VALE FUNDS REMAINING: This column automatically calculates. Verify the total shown matches your records.

LINE 10: This line automatically calculates. Verify the total shown matches your records. **IF VALUES ARE NOT AUTOMATICALLY CALCULATING, CLICK ON THE FIRST FIELD IN THE SERIES AND USE TAB TO MOVE FROM ONE FIELD TO THE NEXT. USING THE TAB KEY AFTER ENTERING DATA INITIATES THE AUTO-CALCULATE FEATURE.**

#### 4. Certification by Financial Officer and Project Director or Authorized Official.

The form must be certified by the Financial Officer.

The form must also be signed by either the Project Director or the Authorized Official.

I certify that to the best of my knowledge and belief, this report is correct and complete, and that all expenditures and unpaid obligations are for the purposes set forth in the grant award documents.

\_\_\_\_\_  
Financial Officer Signature / Date

\_\_\_\_\_  
Project Director or Authorized Official Signature / Date

*The signatures on the report must match the parties listed on your grant agreement as the Financial Officer, Project Director and Authorized Official. Alternate signatures will not be accepted without prior approval. Please plan accordingly.*

**Please contact Jennifer Ballagh, VALE Administrator, at 970-244-1737 or [jennifer.ballagh@mesacounty.us](mailto:jennifer.ballagh@mesacounty.us) if you have any questions.**