

Harford County, Maryland
GRANT-IN-AID FINANCIAL STATUS REPORT FORM

1. Grantee:			3. Grant Award Number:		
2. Address:			4. Project Title:		
5. Period Covered By Report (Circle): JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN FINAL					
6. Category	7. Budgeted (see contract or approved budget modification)	8. Total Expended Previously (reported in column 10 on last report)	9. Total Expended Month/Quarter (amount spent during report period)	10. Total Expended To Date (add columns 8 & 9)	11. Project Funds Un-Expended (subtract column 10 from 7)
Salaries					
Fringes					
Contractual					
Supplies/Materials					
Business/Travel					
Equipment					
Other					
TOTAL					
12. Percent Spent Year-to-Date (divide total column 10 by total column 7):					
13a. Grant Funds Obligated at End of Fiscal Year 2020:					
<i>WITHIN 90 DAYS, SUBMIT A FINAL REPORT SHOWING FUNDS IN 13A, WHICH HAVE BEEN LIQUIDATED.</i>					
13b. Obligated Funds in 13a Which Were Liquidated:					
14. Report Prepared by: _____					
Title: _____					
15. Certification: I certify that to the best of my knowledge that the data above are correct, all expenditures have been made in accordance with the grant conditions and payment is due and has not been previously requested:					
SIGNATURE OF AUTHORIZED OFFICIAL:					
TITLE: _____			DATE: _____		

<i>For Harford County Use Only</i>	
Grant Award:	_____
Funds Disbursed:	_____
Balance Prior to Reimbursement Request:	_____
Payment:	_____
Funds Not Year Disbursed:	_____

