

**COLORADO DIVISION OF CRIMINAL JUSTICE
JAIBG FEDERAL AWARD AND CASH MATCH FUNDS
DCJ FORM 1-A/JAIBG SUMMARY: QUARTERLY AND FINAL SUBGRANT FINANCIAL REPORT
BY PURPOSE AREA**



COMPLETE THIS FORM FOR EACH DISTINCT PURPOSE AREA BUDGET CONTAINED IN THE APPROVED PLAN ATTACHED TO THE STATEMENT OF GRANT AWARD. ATTACH THE FORM(S) TO THE DCJ FORM 1-A/JAIBG SUMMARY FORM. See the reverse side of this form for detailed instructions for completing this form

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|--|--|--|--|
| SUBGRANTEE: | | GRANT NUMBER: | |
| PURPOSE AREA #: PROJECT TITLE: | | PROJECT DURATION FROM: TO: | |
| PREPARED BY: DATE: PHONE: | | WHICH CALAENDAR QUARTER OF YEAR ____ DOES THIS REPORT COVER? | |
| TYPE OF REPORT: 1. Quarterly Progress ____; Quarter # ____; and/or 2. Final Report ____ | | Jan. 1-March 31 <input type="checkbox"/> | July 1-Sept. 30 <input type="checkbox"/> |
| | | April 1-June30 <input type="checkbox"/> | Oct. 1-Dec.31 <input type="checkbox"/> |

EXPENDITURES FOR THIS PURPOSE AREA: FEDERAL AWARD AND CASH MATCH

| Budget Category | Fund Source | Approved Budget for this Purpose Area | A Expenditures Beginning of quarter (C on previous report) | B Expenditures This Quarter | C Total Expenditures To Date (A + B) | Unpaid Obligations at end of quarter |
|--------------------------------------|---------------|---------------------------------------|--|-----------------------------|--------------------------------------|--------------------------------------|
| Personnel | Award 1 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | |
| | Cash Match 2 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | |
| | Total 3 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Supplies and Operating | Award 4 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Cash Match 5 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Total 6 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Travel | Award 7 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Cash Match 8 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Total 9 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Equipment | Award 10 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Cash Match 11 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Total 12 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Consultant And Professional Services | Award 13 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Cash Match 14 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$0.00 |
| | Total 15 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| TOTALS | Award 16 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Cash Match 17 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Total \$ 18 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

****REQUIRED SUBGRANTEE SIGNATURES:** 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. I, hereby, also certify that the content of this form, other than the data entry required, has not been altered.

Financial Officer's Signature / Date

Project Director's Signature / Date

SUBMIT TWO SIGNED FORMS, ONE WITH ORIGINAL SIGNATURES, TO DCJ NO LATER THAN 15 DAYS AFTER THE END OF EACH CALENDER QUARTER; AND THE FINAL REPORT NO LATER THAN 45 DAYS AFTER THE END OF THE GRANT PERIOD.

DETAILED INSTRUCTIONS FOR COMPLETING DCJ FORM 1-A/JAIBG. (HINT: Complete the *d items below and then make copies of the form for future quarterly and final reporting. This will save some time. However, if you have had a budget revision approved be sure to correct the "Approved Budget" column.)

Heading

***Subgrantee:** This is the agency to which the federal grant award was made.

***Grant Number:** This is the grant number assigned by DCJ. It can be found on the Statement of Grant Award.

***Purpose Area # and Title of that Project:** This is the Purpose Area Number and name of the project associated with that area, which is identified on the Statement of Grant Award.

***Duration:** This is the period of the grant award. It can be found on the Statement of Grant Award, and is changed only if the project requests and receives approval for a grant extension.

Prepared By: This is the person who actually prepared the report.

Date: This is the date this form is completed.

Phone: This is the phone number of the person who actually prepared the report. Please include the area code.

Type of Report: Check whether this is a quarterly progress report, and indicate which quarter number, or the final report at the end of the project. In those cases where the last quarterly report is combined with the final report, check both Quarterly Progress and Final. The Final Financial Report may be combined with the last Quarterly Financial Report only if 1) the awarded funds and any required match have been fully expended; 2) there are no unpaid obligations remaining; and 3) the report is submitted no later than 15 days after the end of the grant award period.

Calendar Quarter Which This Report Covers: Fill in the year in which the quarter you are reporting on falls. Check which calendar quarter this report covers. If you are reporting on less than a full quarter, check the applicable quarter, and write in the exact dates you are reporting on in this section.

Expenditures: Federal Award and Cash Match

Report all expenditures approved to be charged to this Purpose Area, broken down by category and source - federal award and cash match. If the budget in this Purpose Area does not have a cash match, report only federal award expenditures.

***Approved Budget:** List the approved budget for this Purpose Area (federal award, cash match, and total dollars) in each budget category. If you have no approved budget in one or more budget categories, leave those lines blank. These figures can be found in the approved plan attached to the SOGA, or your latest approved revised budget.

In each column, carry the sum of all "Fund Source" rows to the Budget Category "Total" Row. For example, in Personnel, put the sum of rows 1 and 2 (in each column) in row 3. **In "TOTALS" under Budget Category, enter the sum of the Fund Source amounts from the rows above in each column.** For example, Award (Row #16) would be the sum of rows 1, 4, 7, 10 and 13. **To double check your figures, Row 18, "TOTAL \$" should be equal to the sum of rows 16 and 17; and to the sum of rows 3, 6, 9, 12, and 15.**

Expenditures Beginning of Quarter (column labeled A): If this is the first fiscal report of the grant award, this entire column should be zeros. No expenditures are allowed before the beginning of the grant award period.

If this is a subsequent fiscal report, these figures should be the same as the column labeled C on the previous quarter's financial report. This column indicates the total program expenditures prior to the quarter you are now reporting on.

Expenditures This Quarter (column labeled B): Enter all federal award and cash match expenditures made during this quarter by budget category.

Total Expenditures to Date (column labeled C): Add columns A and B across and enter the total in column C.

Unpaid Obligations: An unpaid obligation is a fiscal encumbrance which the subgrantee is legally obligated to pay because it has ordered something, or has entered into a subcontract for some service, but which has not yet been paid for at the end of the quarter. Unpaid obligations may or may not exist at the end of any given quarter in a project. No Unpaid Obligations can remain on the Final Financial Report.

The following examples of unpaid obligations are not intended to be all inclusive:

1. **Personnel:** Future (beyond the end of the quarter) personnel costs are never an unpaid obligation.
2. **Supplies and Operating:** You have signed a purchase order for office supplies, but you have not yet paid the bill. However, future anticipated expenses for which no legal obligation to pay exists are never unpaid obligations.
3. **Travel:** A staff member submits a travel voucher for travel which occurred during the quarter you are reporting on and you will not have an opportunity to pay the travel before completing the fiscal report.
4. **Equipment:** You have signed an order or contract to purchase a vehicle, but you have not yet paid the bill.
5. **Professional Services/Consultants:** You have entered into a contract with a consultant to provide a service. The unexpended amount of the contract at the end of the quarter is an unpaid obligation.

Signatures: Both the designated Financial Officer and the Project Director must sign this report and attach it to the *DCJ FORM 1-A/JAIBG SUMMARY*. Two signed sets of forms, one with **original** signatures, must be submitted to DCJ. If either the Fiscal Officer or the Project Director has changed since the last quarterly report, also complete and submit a Grant Amendment Form (DCJ Form 4-B).

**QUARTERLY REPORTS ARE DUE NO LATER THAN 15 DAYS AFTER THE END OF THE QUARTER.
FINAL REPORTS ARE DUE NO LATER THAN 45 DAYS AFTER THE END OF THE GRANT PERIOD.**