

Subgrantee: _____ Address: _____ _____	Prepared By: _____ Phone #: _____ Fax #: _____	For Period _____ to _____ Date Prepared: _____ Signature: _____	Project #: _____
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## BUDGET SUMMARY PAGE

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual										
Travel/ Training										
Equipment										
Space										
Other										
<b>TOTALS</b>										

### INSTRUCTIONS

**The following instructions should be observed when preparing a Project Financial Report:**

**DUE DATES:** Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

**SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

**PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

**FOR PERIOD** \_\_\_\_ to \_\_\_\_: Enter the month(s) covered by this report.

**FINAL REPORT:** Check this block if this is the last report.  
**DATE PREPARED:** Enter the date this report was prepared.

**PROJECT #:** Enter the number assigned by the Division of Justice and Community Services.

**APPROVED BUDGET:** Enter the latest approved project budget.

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**Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.**

**REPORT #:** Assign consecutive numbers as each report is submitted.

**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.

**UNPAID OBLIGATIONS:** Enter all obligations that have been incurred during this reporting period that have not been paid. This is for DJCS use ONLY.

Submit **original** report to:  
**Sarah Brown**  
**Division of Justice and Community Services**  
**1204 Kanawha Boulevard, East**  
**Charleston, West Virginia 25301**

**QUESTIONS:** Phone 558-8814 ext. 53337  
 between 8:00 a.m. and 4:00 p.m.

Subgrantee: _____ Address: _____ _____	Prepared By: _____ Phone #: _____ FAX: _____	For Period _____ to _____ Date Prepared: _____ Signature: _____	Project #: _____
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## VICTIM SERVICES BUDGET PAGE (a)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual										
Travel/ Training										
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Submit **original** report to:  
 Sarah Brown  
**Division of Justice and Community Services**  
 1204 Kanawha Boulevard, East  
 Charleston, West Virginia 25301

**QUESTIONS:** Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

<b>WEST VIRGINIA</b> <b>Division of Justice and Community Services</b>	<b>Project Financial Report</b> Final Report <input type="checkbox"/> Page _____ of _____      Report #: _____
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Subgrantee: _____ Address: _____ _____	Prepared By: _____ Phone #: _____ FAX: _____	For Period _____ to _____ Date Prepared: _____ Signature: _____	Project #: _____
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## CULTURAL SPECIFIC ORGANIZATION BUDGET PAGE (b)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual										
Travel/ Training										
Equipment										
Space										
Other										
<b>TOTALS</b>										

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**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded **UNPAID**

**OBLIGATIONS:** Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit **original** report to: Sarah J. Brown  
**Division of Justice and Community Services**  
**1204 Kanawha Boulevard, East**  
**Charleston, West Virginia 25301**  
**Sarah Brown**

**QUESTIONS:** Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

Subgrantee: _____	Prepared By: _____	For Period _____ to _____	Project #: _____
Address: _____	Phone #: _____	Date Prepared: _____	
_____	FAX: _____	Signature: _____	

## PROSECUTION BUDGET PAGE (c)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
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Travel/ Training										
Equipment										
Space										
Other										
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<b>WEST VIRGINIA</b> <b>Division of Justice and Community Services</b>	<b>Project Financial Report</b> Final Report <input type="checkbox"/> Page _____ of _____      Report #: _____
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## LAW ENFORCEMENT BUDGET PAGE (d)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
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Personnel/ Contractual										
Travel/ Training										
Equipment (\$5,000/unit ONLY)										
Space										
Other										
<b>TOTALS</b>										

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## DISCRETIONARY BUDGET PAGE (e)

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## COURTS PAGE (f)

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Personnel/ Contractual										
Travel/ Training										
Equipment (\$5,000/unit ONLY)										
Space										
Other										
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