SUBGRANTEE FINANCIAL STATUS REPORT
Serve Idaho

FUNDING SOURCE

- ☐ Formula
- ☐ Competitive
- ☐ School Turnaround

FINAL REPORT

- ☐ Yes
- ☐ No

Grant # _____ Grant Year _____

Grant Title: _____

Activity Code _____

(Name and Address of Subrecipient)

PAY TO:

F E I N _____ ****Have to have this number**

FEDERAL EMPLOYER IDENTIFICATION NUMBER

SUBRECIPIENT CERTIFICATION

I certify that to the best of my knowledge and belief this report and the attached reports are correct and complete and that all disbursements, accruals and obligations are for the purposes set forth in the Grant Agreement.

Name

Title

Phone No.

Signature

Date submitted

Draw #: _____

REPORTING DATE AS OF

month	day	year

	GRANT BUDGET (A)	YEAR-TO-DATE EXPENDITURES (B)	BALANCE (UNLIQUIDATED OBLIGATIONS) (A) - (B)
CNCS			
Grantee			
Total			

Draw-Down Request:

1. Section I. Program Operating Costs & Section II. Member Costs → _____
2. Section III. Administrative Costs (5.26% of Line 1) → _____
3. Total Draw-Down Requested → _____ (Cash Mgt)

4 Serve Idaho Administrative Cost (1 x .0526 x .2) → _____ (CAS)

5 Amount Payable to Subgrantee (Line 3 less Line 4) → _____ (A/P)

FOR IDL ACCOUNTING USE ONLY

I approve for payment and hereby authorize a warrant to be drawn in the amount shown, in favor of the above claimant.

Authorized Representative _____ Date _____

I have examined the above payment and supporting documents and have found them to be in conformity with approved department procedures and practice.

Fiscal Accountant _____ Date _____

CODED BY:

A/P

Cash Mgt

CAS

REVIEWED BY:

BATCH NO.	TRANS NO.	CC FUND	ACCT CODE	DEBIT AMOUNT	CREDIT AMOUNT	DOCUMENT REFERENCE	ACTIVITY CODE

Send completed form to:

Idaho Department of Labor
Serve Idaho
317 W Main Street
Boise, ID 83735-0790