

# SUBGRANTEE FINANCIAL STATUS REPORT

## Serve Idaho

<b>FUNDING SOURCE</b> <input type="checkbox"/> Formula <input type="checkbox"/> Competitive <input type="checkbox"/> School Turnaround	<b>FINAL REPORT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SUBRECIPIENT CERTIFICATION</b>  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.
Grant # _____	Grant Year _____	_____ Name  _____ Title _____ Signature _____ Phone No. _____ Date submitted _____
Grant Title: _____		
Activity Code _____		

(Name and Address of Subrecipient)

**PAY TO:**

**FEIN** \_\_\_\_\_ **\*\*Have to have this number**

FEDERAL EMPLOYER IDENTIFICATION NUMBER

Draw #:	month	day	year	GRANT BUDGET (A)	YEAR-TO-DATE EXPENDITURES (B)	BALANCE (UNLIQUIDATED OBLIGATIONS) (A) - (B)
REPORTING DATE AS OF						
				CNCS		

Draw-Down Request:

1. Total Draw Down Request \_\_\_\_\_ → \_\_\_\_\_ (Cash Mgt)

2. Amount Payable to Subgrantee \_\_\_\_\_ → \_\_\_\_\_ (A/P)

FOR IDL ACCOUNTING USE ONLY							CODED BY:
I approve for payment and hereby authorize a warrant to be drawn in the amount shown, in favor of the above claimant.  _____ Authorized Representative				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		A/P Cash Mgt CAS  REVIEWED BY:	
BATCH NO.	TRANS NO.	CC FUND	ACCT CODE	DEBIT AMOUNT	CREDIT AMOUNT	DOCUMENT REFERENCE	ACTIVITY CODE