



SUMMARY FINANCIAL REPORT

Project Safe Neighborhoods

OFFICE OF ATTORNEY GENERAL

G:\GRANTS\PSN\FORMS\SUMMARY FINANCIAL REPORT.xls

1/24/07

Implementing Agency		Grant Number	Federal Funds
Reporting Period Beginning Date:	Reporting Period Ending Date:	Check if this is a: <input type="checkbox"/> Monthly Report <input type="checkbox"/> Quarterly Report <input type="checkbox"/> Final Report	
Name of Fiscal Officer		Phone Number:	Total

	1	2	3
Line Item	Budget Summary	Expenditures To Date	Budget Balance
a. Personnel			
b. Operating			
c. Equipment			
d. Other			
4. Total			

5. Total FEDERAL Expenditures To Date	
6. Subtract Total Federal Funds You Have Received/Requested To Date	-
7. Amount Of Federal Funds Now Being Requested	=

8. Total Project Income Received This Reporting Period	
9. Total Project Income Expended This Reporting Period	

Signature of Fiscal Officer

Date

OFFICE OF ATTORNEY GENERAL USE ONLY

Amount Approved	Approved by Finance Officer	
Approved by Grants Management Section		
	Federal Fund Expended	
	Federal Funds Balance	
Make Check Payable To:		
City of	County	
FM - BI - CC - OC - APPN- Project - Grant - Pol. Type - Location		Amount