



JUVENILE REHABILITATION ADMINISTRATION
 PO BOX 45720
 OLYMPIA WA 98504-5720
JUVENILE ACCOUNTABILITY BLOCK GRANT (JABG)
JABG FINANCIAL REPORT
Please follow instructions on second page of form.

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	PR OR AUTHORITY NO.
3000	HD0	

1. CLAIMANT'S NAME				
2. CLAIMANT'S MAILING ADDRESS		CITY	STATE	ZIP CODE
WA				
3. CLAIMANT'S CERTIFICATE I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.				
CLAIMANT'S SIGNATURE		DATE	TITLE	TELEPHONE NUMBER
4. GRANT AWARD CONTRACT NUMBER	4. DATE	6. REPORT NUMBER	7. TYPE OF REPORT <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Special <input type="checkbox"/> Final report	
8. SUBMITTED FOR REPORT PERIOD From: _____ To: _____		9. PERIOD OF LAST PROGRESS REPORT From: _____ To: _____		
10. PROJECT TITLE				
11. SUBGRANTEE'S NAME				

BUDGET AND EXPENDITURE DETAILS				
12. BUDGET CATEGORIES	13. APPROVED BUDGET	14. DISBURSEMENTS THIS PERIOD	15. DISBURSEMENT TO DATE	16. REMAINING BUDGETED AMOUNT
a. Personnel and benefits				
b. Contractual Services				
c. Travel				
d. Supplies				
e. Equipment				
f. Construction				
g. Other Goods and Services				
h. Administrative Costs				
i. Total costs				
17. REQUEST FOR FUNDS	a. Subtotal this period		18. MATCHING SHARES Federal Percent Match Percent	
	b. Less matching share			
	c. Total amount requested			
AGENCY APPROVAL				DATE RECEIVED

19. ACCOUNT CODE																
DOC DATE		PMT DUE DATE		CURRENT DOC NO			REF DOC NO		VENDOR NUMBER			VENDOR MESSAGE				
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX		SUB OBJ	SUB OBJ	ORG INDEX	WORK CLASS	CNTY	CITY/TOWN	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE
				ALLOC	BDGT UNIT				MOS	APPN INDEX	PROG INDEX					
			283	YS	B1711	NB		B711	72 1							
			001	BA	B1711	NB		B711	72 5							
			001	BA	B1711	NB		B711	72 6							
ACCOUNTING APPROVAL FOR PAYMENT									DATE			WARRANT NUMBER			WARRANT TOTAL	

JABG FINANCIAL REPORT INSTRUCTIONS

Submit the original Financial Report at least quarterly to JRA/JABG Coordinator, PO Box 45720, Olympia WA 98504-5720.

1. CLAIMANT'S NAME: The official name for the subgrantee organization. Do not use the name of a person or department.
2. CLAIMANT'S MAILING ADDRESS: The complete mailing address for the claimant including the zip code.
3. CLAIMANT'S CERTIFICATE: The business manager/accountant who is authorized signs in ink in this section.
Enter the date the certification was signed, the signing person's title and telephone number.
4. GRANT AWARD CONTRACT NUMBER: The number from your contract.
5. DATE: Enter the date the report was prepared.
6. REPORT NUMBER: Enter the sequential number (e.g., the first report is number 1, the second is number 2, etc.).
7. TYPE OF REPORT: Check the appropriate box.
8. SUBMITTED FOR REPORT PERIOD: Enter the starting and ending date (month or calendar quarter) that this report covers.
Financial Reports may be submitted monthly but are required quarterly for periods ending March 31, June 30, September 30, and December 31.
Reports must be received by the 15th day after the close of a quarter (i.e., April 15, July 15, October 15, and January 15).
Subgrantees are required to submit Financial Reports even if there was no project activity during the period.
9. PERIOD OF LAST **PROGRESS** REPORT: Enter the period of the most recent **progress** report that you have submitted. *No reimbursements will be made to projects with overdue progress reports.*
10. PROJECT TITLE: The title of the project as it appears on the contract.
11. SUBGRANTEE'S NAME: The name of the agency or department as specified in the contract.
12. BUDGET CATEGORIES: These are the authorized budget categories as shown on the contract budget form attached to your contract.
13. APPROVED BUDGET: The total budget figures for each of the seven budget categories as they appear on the contract budget form. If your budget has been revised since the original award by a contract amendment, the latest revision must be used for these figures.
14. DISBURSEMENTS THIS PERIOD: Enter all actual cash project disbursements, as authorized in the budget, for each budget category. **These figures are for the report period only.** Disbursements must be supported by the subgrantee's official accounting system and records.
15. DISBURSEMENTS TO DATE: Enter all actual cash project cumulative disbursements to date, including the current period, for each budget category.
16. REMAINING BUDGET AMOUNT: Enter the amount of funds that remain in the approved budget.
17. REQUEST FOR FUNDS:
 - a) Subtotal this period: Total cost for this period.
 - b) Less matching share: Enter the amount of matching share specified for this period. The matching share is to be subtracted each billing period.
 - c) Total amount requested: Enter the total amount of federal (JABG) funds requested this period.
18. The percentage of federal (JABG) money and the percentage of match as shown on the approved budget form.