

**COMMONWEALTH OF VIRGINIA**  
**Department of Environmental Quality**  
 Project Financial Report Form

Attachment B

[Name of Deq Grant Funding Source]  
**Grant Agreement; DEQ Contract # PO [xxxxx]**

Federal ID #	[Federal ID number]	DUNS Number:	[DUNS #]
Grantee:	[Name of Organization]	Telephone Number:	[Phone #]
Contact Person:	[Name of Contact Person and title]		
Mailing Address	[mailing address]	Email Address:	[email address]
Project Title:	[Name of Project]		
Grant Period:	[Grant Start date] to [Grant End Date]	Invoice Payable to:	[payable to]
Reporting Period:	[Report start date] to [Report start date]		
	(beginning date)	(end date)	
	_____	January - March	_____ 2014
	_____	April - June	_____ 2015
	_____	July - September	_____
	_____	October - December	_____

<b>DEQ Funds (Federal)</b>	<b>Project Budget</b>	<b>Current Expenditures</b>	<b>Cumulative Expenditures</b>	<b>*Unexpended Project Balance</b>
Personnel	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -
Other Direct	\$ -	\$ -	\$ -	\$ -
Indirect Costs	\$ -	\$ -	\$ -	\$ -
<b>*TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total Reimbursement Request:** \$ -

<b>MATCH Funds</b>	<b>Project Match Budget</b>	<b>Current Match Expenditures</b>	<b>Cumulative Match Expenditures</b>	<b>*Unexpended Match Balance</b>
Personnel	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -
Other Direct	\$ -	\$ -	\$ -	\$ -
Indirect	\$ -	\$ -	\$ -	\$ -
<b>*TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*These cells are formulas on the electronic version of this form. For an electronic copy contact Nicole Sandberg, nicole.sandberg@deq.virginia.gov or 804-698-4043.

This form is customized and developed during the time that the DEQ Grant Contract is issued for grants from CBIG, CBRAP and/or 319h. An Electronic version of the form will be provided to the grantee from the DEQ project manager.