

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 1
FEDERAL GRANT # 15PJDP-21-GG-03246

SUBGRANT #:

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE: Lowndes County Board of Commissioners

Post Office Box 1349
Valdosta, GA 31603-1349

PROJECT NAME: Delinquency Prevention Grant Program

PROJECT PERIOD: 10/01/23 to 09/30/24

COMBINED FEDERAL & MATCH EXPENDITURES

	APPROVED BUDGET	PREVIOUSLY APPROVED N/A THIS RPT	EXPENDITURES N/A THIS RPT	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ 0	\$ 0	\$ 0	\$ 0	\$ _____
EQUIPMENT	0	0	0	0	_____
SUPPLIES	0	0	0	0	_____
TRAVEL	0	0	0	0	_____
PRINTING	0	0	0	0	_____
OTHER	50,000	0	0	50,000	_____
TOTAL	\$ 50,000	\$ 0	\$ 0	\$ 50,000	\$
FEDERAL	50,000	0	0	50,000	_____
MATCH	0	0	0	0	_____

EARNED PROJECT INCOME FOR THE PERIOD:
FORFEITED \$ _____ OTHER \$ _____

EARNED PROJECT STATUS INCOME FOR THE PERIOD:
EXPENDED \$ _____ UNEXPENDED \$ _____

CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____

PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: _____ AMOUNT REQUESTED THIS REPORT: _____
 SUBGRANT AWARD: _____ \$ 50,000 * REVIEWED BY (INITIALS & DATE): _____
 REQUESTED TO DATE: _____
 BALANCE: _____ AUTHORIZED BY _____ DATE _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
Tif EI - Partial Order								
Tif ED - Schedule Pay Date								
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE	AMOUNT	
4710606000	10106	24450	0630104	315				