

Grantee: _____ Project #: _____ For the period: _____ to _____

 DEPARTMENT OF PUBLIC SAFETY MUNICIPAL GRANT PROGRAM FINANCIAL REPORT 	Budget Line Items	1. Total Project Budget		2. This Period's Project Outlays		3. Cumulative Project Outlays		4. Unpaid Obligations		
		a. Non-MGP	b. MGP	a. Non-MGP	b. MGP	a. Non-MGP	b. MGP	a. Non-MGP	b. MGP	
	A. Professional Service									
	B. Acquisition									
	C. Construction/Renovation									
	D. Other									
	E. Contingency									
	H. TOTALS									
	CERTIFICATION									
Budget Line Items	5. Total of Outlays and Unpaid Obligations (Column 3 plus 4)		6. Balance (Column 1 minus 5)		<p>I hereby certify that the information contained on this page is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation to support these project outlays is available.</p> <p>Signature: _____ (Grantee Chief Fiscal Officer)</p> <p>Print: _____ (Name & Title & Date)</p> <p>Tel: _____ Date: _____</p>					
	a. Non-MGP	b. MGP	a. Non-MGP	b. MGP						
A. Professional Service										
B. Acquisition										
C. Construction/Renovation										
D. Other										
E. Contingency										
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