

<u>Subcontractor Name</u>		<u>Subcontract No.</u>	<u>Amendment No.</u>	<u>Report Period</u>	<u>Subcontract Amount</u>		
Line Item	Description	CSBG Approved Budget	Beginning Cumulative Expenditures	Adjustments to Last Months Expenditures	Report Month Expenditures	Cumulative Expenditures	Remaining Budget Amount
PERSONNEL COSTS							
1.1	Salaries & Wages						
1.2	Fringe Benefits						
	Subtotal Personnel Costs						
NONPERSONNEL COSTS							
2.1	Travel						
2.2	Space (Rent/Lease & Utilities)						
2.3	Consumable Supplies						
2.4	Equipment (Lease/Purchase)						
2.5	Consultant Services						
2.6	Contract Services						
2.7	Subcontractors						
2.8	Other Costs						
	Subtotal NonPersonnel Costs						
	GRAND TOTAL						

Status of Cash
 A. Total Cash Received
 to Date from NCIDC
 \$ _____
 B. Cumulative Costs Total
 \$ _____
 C. Cash on Hand
 (A-B = C)
 \$ _____

CERTIFICATION: I hereby certify that this fiscal data has been reviewed and approved by this agency's Board of Directors and that the expenditures made during this period are in compliance with the purposes and conditions of the Subcontract Agreement indicated above.

Prepared By (Print Name/Title) _____

Telephone Number: (_____) _____

Authorized Signature: _____

Date: _____