

PERIODIC FINANCIAL REPORT (PFR)

Support Documentation Cover Page

Grant Number: 24-771XXX Grantee Name: AGENCY

NAME DUNS # UEI#

FEIN # AGENCY'S

Report Period End Date: ENTIRE REPORTING PERIOD

of Pages (including cover sheet):

Date Submitted:

☐ Final Report

PFR Supporting Documentation to be Attached

- ⇒ Grantee must attach this cover page to the Trial Balance submitted with the PFR.
- ⇒ All Supporting Documentation must be submitted in a “single” PDF.
- ⇒ Grantee must attach a copy of the print-out from GRS screens 362 and 371.
- ⇒ If the Grantee’s fiscal system generated budget is not grant specific, a “crosswalk” document must be submitted that identifies the relationships between the Grantee budget and the grant budget.
- ⇒ A “bridge” document providing details of why GRS and the Trial Balance don’t match must be submitted – if applicable.
- ⇒ Naming Convention must be followed:
[Grant Number] [Trial Balance] [End Date of Reporting Period]
Example: 17-654XXX Trial Balance 12-31-18

MSG 016-YOUR REQUEST HAS BEEN SUCCESSFULLY DISPLAYED

TRANSFER TO SCREEN _____ PRINTER _____

FFY _____ PROGRAM _____

GRANT 21 - 417 GRANTEE

COSTS REPORTED FROM _____ THRU _____ VIEW MATCH) CASH _ INKIND _ BOTH _

EXP CODE	DESCRIPTION	BUDGET	COSTS	BALANCE
1000	PERSONNEL_____	.00	.00	.00
1001	PERSONNEL-ADULT_____	180,419.70	180,419.70	.00
1002	PERSONNEL-YOUTH_____	9,832.34	9,832.34	.00
1050	FRINGE BENEFIT_____	.00	.00	.00
1051	FRINGE BENEFIT-ADULT_____	39,488.99	39,488.99	.00
1052	FRINGE BENEFIT-YOUTH_____	2,517.81	2,517.81	.00
1200	SUPPLIES_____	.00	.00	.00
1201	SUPPLIES-ADULT_____	15,092.32	15,092.32	.00
1250	CONTRACTUAL_____	.00	.00	.00
1251	CONTRACTUAL-ADULT_____	46,437.25	46,437.25	.00
1252	CONTRACTUAL-YOUTH_____	.00	.00	.00

ENTER INQUIRY F2 NEXT GRANT F7 PREVIOUS F8 NEXT F11 TRANSFER F5 PRINT F6 MENU

DCEO GRANTEE REPORTING SYSTEM 01/15/26
HD07GPA2 SUB GRANTEE COST LEDGER SUMMARY (#362) 08:24:36

MSG 016-YOUR REQUEST HAS BEEN SUCCESSFULLY DISPLAYED

TRANSFER TO SCREEN _____ PRINTER _____

FFY _____ PROGRAM _____

GRANT 21 - GRANTEE

COSTS REPORTED FROM _____ THRU _____ VIEW MATCH) CASH _ INKIND _ BOTH _

EXP				
CODE	DESCRIPTION	BUDGET	COSTS	BALANCE
1300	CONSULTANT_____	.00	.00	.00
1301	CONSULTANT-ADULT_____	34,507.11	34,507.11	.00
1302	CONSULTANT-YOUTH_____	.00	.00	.00
1350	OCCUPANCY_____	.00	.00	.00
1351	OCCUPANCY-ADULT_____	27,200.00	27,200.00	.00
1500	TRAINING AND EDUCATION_____	.00	.00	.00
1501	TRN AND EDUCATION-ADULT_____	5,000.00	5,000.00	.00
2001	DIRECT TRAINING COSTS_____	.00	.00	.00
3001	WORK BASED TRAINING_____	.00	.00	.00
5000	BARRIER REDUCTION FUND_____	.00	.00	.00
5002	YOUTH_____	1,750.00	1,750.00	.00

ENTER INQUIRY F2 NEXT GRANT F7 PREVIOUS F8 NEXT F11 TRANSFER F5 PRINT F6 MENU

MSG 015-THERE ARE NO ENTRIES ON FILE FOR THIS REQUEST

TRANSFER TO SCREEN _____ PRINTER _____

FFY _____ PROGRAM _____

GRANT 21 - GRANTEE _____

COSTS REPORTED FROM _____ THRU _____ VIEW MATCH) CASH _ INKIND _ BOTH _

EXP CODE	DESCRIPTION	BUDGET	COSTS	BALANCE
	GRAND TOTAL_____	362,245.52	362,245.52	.00

MSG 016-YOUR REQUEST HAS BEEN SUCCESSFULLY DISPLAYED

TRANSFER TO SCREEN: _____

GRANT NO.: 21

GRANTEE NAME: _____

SUB GRANT ID _____

CUMULATIVE BAL:	RECEIPTS	DISBURSEMENTS	BALANCE
PGM INCOME	.00	.00	.00
PGM INTEREST	.00	.00	.00
STAND IN		.00	
CURRENT TRANSACTION:			
PGM INCOME	_____	_____	
PGM INTEREST	_____	_____	
STAND IN		_____	
MONTH _____	YEAR _____	DESC _____	
ENTER INQUIRY	F2 CHANGE	F9 HELP	F10 MENU
F11 TRANSFER			

- YOUR AGENCY'S TRIAL BALANCE
- CROSSWALK IF YOUR TRIAL BALANCE DOESN'T MATCH GRS