

**COASTAL BEND BAYS & ESTUARIES PROGRAM, INC.  
FINANCIAL STATUS REPORT**

1. ORGANIZATION UNIT TO WHICH REPORT IS SUBMITTED: Coastal Bend Bays & Estuaries Program, Inc.				
2. CONTRACT TITLE:				
3. PAYEE IDENTIFICATION NUMBER:		4. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE):		
5. CBBEP CONTRACT NUMBER:				
6. FINAL REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO				
7. ACCOUNTING BASIS:    XCASH <input type="checkbox"/> ACCRUAL				
8. TOTAL PROJECT/GRANT PERIOD: FROM _____ TO _____		9. PERIOD COVERED BY THIS REPORT: FROM _____ TO _____		
10. BUDGET CATEGORIES:	Approved Budget	Project Cost This Report	Cumulative Project Cost	Balance **
a. Personnel/Salary				
b. Fringe Benefits				
c. Travel		*		
d. Supplies		*		
e. Equipment		*		
f. Contractual		*		
g. Construction		*		
h. Other		*		
i. Total Direct Costs (Sum a - h)				
j. Indirect Costs				
k. Total (Sum of i & j)				
<p>* List (Itemize) on the appropriate supplemental form all component expenses comprising the total for each of these categories. Please attach receipts, as required, in accordance with Attachment B of your contract.</p> <p>** Negative balances in any of the budget categories should be explained in a brief accompanying narrative.</p>				
11. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award document.				
Signature of Authorized Certifying Official _____				
Typed or Printed Name and Title _____				
Telephone (Area code, number and ext.) _____ Date Submitted _____				



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EQUIPMENT PURCHASES (during this report period)

NUMBER PURCHASED	ITEM DESCRIPTION (Should match description provided for approval)	UNIT COST	TOTAL COST	TASKS
TOTAL EQUIPMENT EXPENDITURES (must agree with line 10e on Form 269a)				

CONTRACTUAL EXPENDITURES (during this report period)

SUBCONTRACTOR (NAME)	FOR	COST (THIS PERIOD)	TASKS
TOTAL CONTRACTUAL EXPENDITURES (must agree with line 10f on Form 269a)		\$0	

\* LEGIBLE RECEIPTS, IF REQUIRED, MUST BE ATTACHED TO THIS FORM FOR EACH LISTED ITEM OR EXPENDITURE.

## ITEMIZATION OF CONSTRUCTION COSTS

CONSTRUCTION COSTS (during this report period)

DESCRIPTION	PURPOSE	COST (THIS PERIOD)	TASKS
TOTAL CONSTRUCTION EXPENDITURES (must agree with line 10g on Form 269a)		\$0	

\*LEGIBLE RECEIPTS, IF REQUIRED, MUST BE ATTACHED FOR ALL LISTED EXPENDITURES THAT EQUAL OR EXCEED \$500.

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ITEMIZATION OF SUPPLY AND OTHER COSTS

SUPPLIES PURCHASED (during this report period)

NUMBER PURCHASED	ITEM DESCRIPTION (Should match description provided for approval)	UNIT COST	TOTAL COST	TASKS
TOTAL SUPPLY EXPENDITURES (must agree with line 10d on Form 269a)			\$0	

OTHER EXPENDITURES (during this report period)

NUMBER PURCHASED	DESCRIPTION	UNIT COST	TOTAL COST	TASKS
TOTAL OTHER EXPENDITURES (must agree with line 10h on Form 269a)			\$0	

\*LEGIBLE RECEIPTS, IF REQUIRED, MUST BE ATTACHED FOR ALL LISTED EXPENDITURES THAT EQUAL OR EXCEED \$500.

**ITEMIZATION OF PERSONNEL/SALARY AND TRAVEL COSTS**

PERSONNEL/SALARY EXPENDITURES (during this report period)

EMPLOYEE NAME	TITLE/POSITION	SALARY (THIS PERIOD)	TASKS
Fringe benefits			
TOTAL SALARY EXPENDITURES(must agree with line 10a on Form 269a)		\$0	

TRAVEL EXPENDITURES (during this report period)

DESCRIPTION	REASON	COST (THIS PERIOD)	TASKS
TOTAL TRAVEL EXPENDITURES (must agree with line 10c on Form 269a)		\$0	

\* SUPPLEMENTAL DOCUMENTATION (time sheets, travel receipts, etc.) IS NOT REQUIRED TO BE ATTACHED TO THIS FORM.