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

	SANIZATION UNIT WHICH REPORT IS SUBMITTED:  Coastal E	send Bays & Estuari	es Pro	ogram, Inc.		
2. CON	ITRACT TITLE:					
	Habitat Restoration in the Coastal Bend	EXA	ИP	LE		
3.	INVOICE NUMER: 123456789	4. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE):				
5.	CBBEP CONTRACT NUMBER: #0501		The City of Someplace 1190 Somewhere Street Anyplace, TX 88888			
6.	FINAL REPORT: ☐ YES	X NO				
7.	ACCOUNTING BASIS: XCASH	□ ACCRUAL				
8.	TOTAL PROJECT/GRANT PERIOD:		9.	PERIOD COVERED BY	THIS REPORT:	
	FROM 8/1/02 TO	7/31/05		FROM <u>1/31/05</u>	TO 2/2	8/05
10.	BUDGET CATEGORIES:	Approved Budget		Project Cost This Report	Cumulative Project Cost	Balance **
a.	Personnel/Salary	10	0,000	2,000	4,000	6,000
b.	Fringe Benefits		1,000	500	1,000	0
C.	Travel		500	*0	0	500
d.	Supplies		500	*200	200	300
e.	Equipment	;	3,000	*1,000	1,500	1,500
f.	Contractual	10	0,000	*3,000	5,000	5,000
g.	Construction		0	*0	0	0
h.	Other	:	2,000	*1,500	2,000	0
i.	Total Direct Costs (Sum a - h)	2	7,000	8,200	13,700	13,300
j.	Indirect Costs		0	0	0	0
k.	Total (Sum of i & j)	2	7,000	8,200	13,700	13,300
	List (Itemize) on the appropriate supplemental Please attach receipts, as required, in accordance of the control of the contro	dance with Attachm	ent B	of your contract.		ategories.
**	Negative balances in any of the budget cate	gories should be ex	plaine	d in a brief accompanyin	g narrative.	
11.	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.					outlays and
	Signature of Authorized Certifying Official					
	Typed or Printed Name and Title John	Smith, Director of F	<del>-inanc</del>	<del>e</del>	_	
	Telephone (Area code, number and ext.)	361-555-5	555	Date Subm	itted3/17/0	<u>)</u>

## EQUIPMENT PURCHASES (during this report period)

NUMBER PURCHASED	ITEM DESCRIPTION (Should match description provided for approval)	UNIT COST	TOTAL COST	TASKS
1	Computer system	1,000	1,000	2
TOTAL EQUIPMENT EXPENDITURES (must agree with line 10e on Form 269a) \$1,000				

#### CONTRACTUAL EXPENDITURES (during this report period)

SUBCONTRACTOR (NAME)	FOR	COST (THIS PERIOD)	TASKS
Someone's Engineering Co.	Design of public access area, including placement of picnic tables, and interpretative signs.	\$3,000	
TOTAL CONTRACTUAL EXPENDITU	RES (must agree with line 10f on Form 269a)	\$3,000	

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

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## ITEMIZATION OF SUPPLY AND OTHER COSTS

## SUPPLIES PURCHASED (during this report period)

binders for master plan distribution	5.00	50.00	3
supplies for producing plans	100.00	100.00	3
boxes of trash bags for cleanup	50.00	50.00	2
XPENDITURES (must agree with line 10d on Form 269a)		\$200.00	
s	upplies for producing plans	upplies for producing plans  100.00  oxes of trash bags for cleanup  50.00	upplies for producing plans  100.00  100.00  50.00

## OTHER EXPENDITURES (during this report period)

NUMBER PURCHASED	DESCRIPTION	UNIT COST	TOTAL COST	TASKS
	Registration for Mr. Jones to attend training at Fall workshop for the purpose of	500.00	500.00	4
	Postage to mail master plans	100.00	100.00	2
	Rental of tent to host workshop attendees	900.00	900.00	5
TOTAL OTHER E	XPENDITURES (must agree with line 10h on Form 269a)		\$1,500.00	



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

## PERSONNEL/SALARY EXPENDITURES (during this report period)

EMPLOYEE NAME	TITLE/POSITION	SALARY (THIS PERIOD	TASKS
Mr. E. Jones	Project Director	1,000.00	2, 3, 4
Ms. C. Smith	Project Manager	1,000.00	3 & 4
Fringe benefits		500.00	
TOTAL SALARY EXPENDITURES(must	\$2,500.00		

### TRAVEL EXPENDITURES (during this report period)

DESCRIPTION	REASON	COST (THIS PERIOD	TASKS
Travel to Austin roundtrip	Visit with officials regarding contract	212.00	
TOTAL TRAVEL EXPENDITURES (must agree with line 10c on Form 269a)			

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