

GENERAL INFORMATION					
<b>Grantee:</b>				<b>Grant Number:</b>	
<b>Send Check To:</b>	Mailing Address			<b>Attention:</b>	
	City	State	Zip Code	<b>Reporting Period:</b>	
<b>Project Title:</b>				<b>Prepared By:</b>	
<b>Request Number:</b>			<b>Phone:</b>	Phone Type	Phone Number
<b>Occurance Period:</b>	Check all quarters where funds for this reimbursement request occurred.				
	<input type="checkbox"/> 1st Quarter (Jul - Sept)	<input type="checkbox"/> 2nd Quarter (Oct - Dec)	<input type="checkbox"/> 3rd Quarter (Jan - Mar)	<input type="checkbox"/> 4th Quarter (Apr - Jun)	

ADVANCE BALANCES				
Column A.1 Total Advance Amount	Column A.2 Prior YTD Advance Expenses <small>(From Column A.4, Previous Report)</small>	Column A.3 This Request Applied <small>(Total From Column F)</small>	Column A.4 YTD Advance Expenses <small>(Column A.2 + Column A.3)</small>	Column A.5 Total Advance Balance <small>(Column A.1 - Column A.4)</small>
		\$ -	\$ -	\$ -

EXPENDITURES						
Budget Category	Line Item	Column B Approved Budget	Column C Prior YTD Expenditures	Column D This Request	Column E YTD Expenditures	Column F Apply Against Advance
<b>Personnel</b>	<b>Total Personnel</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
	Management				\$ -	
	Analyst				\$ -	
	Prosecution				\$ -	
	General Support				\$ -	
	<b>Overtime</b>				\$ -	
<b>Supplies and Operating</b>	<b>Total Supplies &amp; Operating</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	Building Expenses				\$ -	
	Telecommunications				\$ -	
	Office Expenses				\$ -	
	Computer & Software				\$ -	
	Supplies & Equipment				\$ -	
	Uniforms				\$ -	
	Vehicle Supplies & Maintenance				\$ -	
	Office Equipment & Maintenance				\$ -	
	Registration Fees				\$ -	
	Membership Fees				\$ -	
	Community Education				\$ -	
	Investigative Funds				\$ -	
Training/Meeting Expenses				\$ -		
<b>Travel</b>	<b>Total Training</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	Conference Travel				\$ -	
	Training Travel				\$ -	
	Other Training				\$ -	
<b>Equipment</b>	<b>Total Equipment</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	Office Equipmnet				\$ -	
	Enforcement Equipment				\$ -	
	Computer Equipment				\$ -	
<b>Consulting Services</b>	<b>Total Consulting Services</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	Consulting Services				\$ -	
	Professional Services				\$ -	
<b>Grant Administration</b>	<b>Total Grant Administration</b>	\$ -	\$ -	\$ -	\$ -	\$ -
	Grant Administration				\$ -	
<b>TOTAL</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL PAYMENT REQUEST (Column D minus Column F)</b>				<b>\$ -</b>		

I certify that the content of this form is accurate and can validate that the appropriate documentation will be available during Onsite Evaluations and retained for the required time as specified in the grant agreement. I also certify that I am authorized to submit this form.

Financial Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Project Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

CATPA Office Review \_\_\_\_\_ Date \_\_\_\_\_

CATPA Office Approval \_\_\_\_\_ Date \_\_\_\_\_

## DETAILED INSTRUCTIONS FOR COMPLETING CATPA FINANCIAL PAYMENT REQUEST FORM

### GENERAL INFORMATION SECTION

**Grantee Name** - Select or type the Legal Name of the grantee, as found on the Application and Grant Agreement.

**Grant Number** - This is the grant number assigned to the project by CATPA, as found on the Application and Grant Agreement.

**Address** - This is the address (street, city, zip code) where the check will be sent for mailing.

**Attention** - This is the name of the person or department that the check needs to be routed.

**Reporting Period** - Select the reporting period for the reimbursement request from the selection of either Monthly Report, Quarterly Report, Updated Quarterly Report or Final Report. As a note, all grantees must MINIMALLY submit financial requests on a quarterly basis, within 30 days from the end of the quarter. All financial requests must be submitted using this approved CATPA Financial Payment Request Form.

**Project Title** - Select or type the name of the project which is identified on the Application and Grant Agreement.

**Prepared By** - This is the name of the person who actually prepared the reimbursement report.

**Request Number** - This is the assigned reimbursement number based on the sequential number of requests. For example, the first reimbursement for the fiscal year begins with "Reimbursement #1" followed by "Reimbursement #2", etc. Please refer to the last reimbursement request number to maintain continuity and accuracy.

**Phone** - This is the phone type and number of the person who actually prepared the report. Please include the area code.

**Occurance Period** - Select the applicable quarters that reimbursement expenses occurred. For example, if reimbursement expenses occurred in the 1st and 2nd quarters, select both.

### ADVANCED BALANCES SECTION

*Advanced payment may be delivered to a grantee based on approval and requirements from CATPA, the Department of Public Safety Financial Controller and the State Controller offices. In cases where a grantee is allowed an advance payment, the Advanced Balances Section must be completed to track and verify advanced funds and related expenditures.*

**Column A.1 (Total Advance)** - Enter the total amount of advanced funds received by the Grantee during this fiscal year.

**Column A.2 (Prior YTD Expenses)** - Enter the total amount of expenses applied to the Advance from the previous CATPA Financial Payment Request. The amount entered on this request must be the same as the amount calculated in Column A.4 from the previous CATPA Financial Payment Request. If no previous request has been made, enter "0".

**Column A.3 (This Request Applied)** - This form will calculate the total amount of expenses entered in Column F to be applied against the Advance. Please review Column F to ensure all expenses intended to be applied against the Advance are correct.

**Column A.4 (YTD Advance Expenses)** - This form will calculate the total amount of year-to-date expenses being applied against the Advance. Entries made in Column A.2 Prior YTD Expenses will be added with the entry in A.3 This Request Applied. Please note the final calculation must be used in future requests when an Advance is approved, regardless if the Advance is spent to \$0.

**Column A.5 (Total Advance Balance)** - This form will calculate the total amount of Advance balance. Entries made in Column A.1 will be deducted from the total amount of expenditures calculated in Column A.4.

### EXPENDITURES SECTION

**Line Items** - Report all expenditures approved to be charged to this grant, broken down by category. If you have any questions about which budget category a certain expenditure belongs in, please refer to the CATPA Grant Managers Guidance or call the CATPA Office at 303-239-4560.

**Column B (Approved Budget)** - List the approved budget in each budget line item. \*\*NOTE: This form will calculate the Budget Category totals as you enter the line item amounts. If you have no approved budget in one or more budget categories, leave those lines blank. These figures can be found in the Grant Award, or your latest approved revised budget.

**Column C (Prior YTD Expenditures)** - If this is the first fiscal report of the grant award, this entire column should be zeros. No expenditures are allowed before the beginning of the grant award period. If this is a subsequent fiscal report, these figures should be the same as the prior year-to-date expenditures calculated in Column E from the previous CATPA Financial Payment Request. If no previous request has been made, enter "0". \*\*NOTE: This form will calculate the Budget Category totals as you enter the line item amounts.

**Column D (This Request)** - Enter the amount of expenditures claimed for this report period. \*\*NOTE: This form will calculate the Budget Category totals as you enter the line item amounts.

**Column E (YTD Expenditures)** - This form will calculate the total amount of year-to-date expenses. Entries made in Column C (Prior YTD Expenses) will be added with the entry in Column D (This Request). Please note the final calculation in this column will be used in future requests (see Column C).

**Column F (Apply Against Advance)** - Enter the amount of expenditures to be claimed against the Advance Balance. If the Grantee did not receive an Advance, leave blank. Entries made in this column will be automatically calculated in Column A.3 (Advance Balance - This Request Applied).

**Signatures** - Both the designated Financial Officer and the Project Director must sign this report. Two signed forms, one with original signatures, must be submitted to CATPA. If either the Fiscal Officer or the Project Director has changed since the last quarterly report, also complete and submit a Grant Amendment Form.

**QUARTERLY REPORTS ARE DUE NO LATER THAN 30 DAYS AFTER THE END OF THE QUARTER.**