Massachusetts Executive Office of Public Safety and Security Office of Grants and Research FFY23 Nonprofit Security Grant Program

QUARTERLY FINANCIAL REPORT

Organization Name:			Date:	
Project Name:			 E-mail:	_
Grant Program:	FFY23	3 NSGP		
Reported by:			Telephone:	
Check One:		Add Year		
Quarter 1	Fro	m: October – December		Due: January 15 th
Quarter 2	From: January – March			Due: April 15 th
Quarter 3	Fro	m: April – June	Due: July 15 th	
Quarter 4	Fro	m: July – September		Due: October 15 th
	1	SUMM	1ARY OF COSTS	
Expense Category		Approved Budget	Quarter Grant Fund Expenditures	Current Balance
- 		Dauger	<i>Emperation</i>	
TOTAL				
Reports must be submitted for every quarter during the grant period. Please fully complete each of the above columns/rows per expense category of your approved budget even if no spending occurred. Please sign and date below.			Please submit this Quarterly Financial Report and the Quarterly Progress Report to: Brian Nichols, NSGP Program Coordinator at: brian.p.nichols@mass.gov	
Authorized Signature			 Date	