Form 105

Quarterly Financial Report

Subgrantee: _____ Date: _____/_____/_____

Address: _____

City: _____ State: RI Zip Code: _____

Completed by: _____

Phone Number: _____

Grant Award Number:

Reporting Period (check one):	**Performance Period:**	**Year**	**Report Due Date:**
____ 1st Quarter	Jan. 1st – Mar. 31st	_____	April 15th
____ 2nd Quarter	April 1st – June 30th	_____	July 15th
____ 3rd Quarter	July 1st – Sept. 30th	_____	Oct. 15th
____ 4th Quarter	Oct. 1st – Dec. 31st	_____	Jan. 15th
____ Final Report	All funds authorized have been spent (cumulative)		

Transactions	Previously Reported	Total This Period	Total
Amount paid:	$	$	$

I have reviewed this financial report and certify that the information contained herein is true and correct to the best of my knowledge.

_____ _____

Authorized Agent (Please Print) Signature

RIEMA USE ONLY			
Federal funds authorized:			$
Balance:			$
Notes:			

PLEASE SEND REPORTS TO:

Rhode Island Emergency Management Agency

645 New London Avenue

Cranston, RI 02920

Attn: Grants Department

Revised 11/2013