



## WATERWAYS GRANT PROJECT FINANCIAL STATUS REPORT

*Issued under authority of Part 741, 1994 PA 451, as amended*

Recipient Name				FOR DNR USE ONLY		
Address				Grant Project Description		
City, State, ZIP				Grant Project Number		
Facility Name						
Period covered by this report				Grant Funding Period ( <i>agreement date + 3 years</i> )		
From:		To:		From:		To:
<b>Grant Award Amount</b>	<b>State</b>	<b>Local</b>	<b>Total</b>	<b>Share %</b>		Final Reimbursement Request? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Initial Amount				State _____		Date Report Submitted  (mm/dd/yyyy)
2. Addendum(s)				Local _____		
3. Total Amount				Total _____		
<b>Transactions</b>				<b>I</b>	<b>II</b>	<b>III</b>
				<b>Previously</b>	<b>This Report</b>	<b>Cumulative</b>
				<b>Reported</b>		
a. Total amount expended {Col III must not exceed #3 Total Amount above} (b + c)						
b. Recipient's share of the total amount expended						
c. State's share of the total amount expended {Col. II must equal Total "Requested Reimbursement Amount" from Reimbursement Request Report}						
d. Recipient's share of total anticipated future expenditures						
e. State's share of total anticipated future expenditures						
f. Total amount of anticipated future expenditures (d + e)						
g. Total State share of expenditures for this grant (c + e)						
h. Total State funds awarded (same as #3 State)						
i. Projected State funding surplus (h - g)						
Remarks: Include any explanations deemed necessary. Attach additional sheets if needed.						

*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 documents.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name, Title

\_\_\_\_\_  
Telephone