

CRIMINAL JUSTICE COORDINATING COUNCIL
SUBGRANT EXPENDITURE REPORT/REQUEST FOR FUNDS # 3
FEDERAL GRANT #

SUBGRANT #: J25-8-063

EXPENDITURES FOR THE PERIOD OF _____ THRU _____ FINAL RPT? (Y/N) _____

SUBGRANTEE: DeKalb County Government

Finance Department
1300 Commerce Drive
Decatur, GA 30030

PROJECT NAME: Dekalb County Misdemeanor MHC
PROJECT PERIOD: 07/01/24 to 06/30/25

COMBINED FEDERAL & MATCH EXPENDITURES					
	APPROVED BUDGET	PREVIOUSLY EXP RPT #1	APPROVED EXPENDITURES EXP RPT # 2	REMAINING BALANCE	EXPENDED THIS PERIOD
PERSONNEL	\$ 0	\$ 0	\$ 0	\$ 0	\$
EQUIPMENT	0	0	0	0	
SUPPLIES	4,750	0	750	4,000	
TRAVEL	5,466	5,030	317	119	
PRINTING	0	0	0	0	
OTHER	110,038	22,368	20,668	67,002	
TOTAL	\$ 120,254	\$ 27,398	\$ 21,735	\$ 71,121	\$
FEDERAL	102,815	27,398	21,735	53,682	
MATCH	17,439	0	0	17,439	

EARNED PROJECT INCOME FOR THE PERIOD: FORFEITED \$ _____ OTHER \$ _____	EARNED PROJECT STATUS INCOME FOR THE PERIOD: EXPENDED \$ _____ UNEXPENDED \$ _____
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CERTIFICATION: I certify that the above statements are accurate based on official records, that expenditures shown have been made for the purpose of, and in accordance with, applicable grant terms and conditions, and that appropriate supportive documentation relative to all expenditures is attached.

SUBGRANTEE OFFICIAL APPROVAL:

PREPARED BY: _____ OFFICIAL'S SIGNATURE _____ DATE _____
PHONE NUMBER: _____ TYPED NAME & TITLE _____

FOR CRIMINAL JUSTICE COORDINATING COUNCIL USE ONLY

SUBGRANT #: J25-8-063 AMOUNT REQUESTED THIS REPORT: _____
SUBGRANT AWARD: \$ 102,815 REVIEWED BY (INITIALS & DATE): _____
REQUESTED TO DATE: _____
BALANCE: _____ AUTHORIZED BY _____ DATE _____

* Substantiated _____ Advanced _____

FOR ACCOUNTING USE ONLY						DISCOUNT	PO/AUTH	PAY DATE
Tif EI - Partial Order Tif ED - Schedule Pay Date								
DEPARTMENT	FUND SOURCE	PROJECT	PROGRAM	CLASS	ACCOUNT	INVOICE		AMOUNT
4710606000	01	01	0630104	315	707002	J25-8-063E03		