

FINANCIAL REPORT/FUND REQUEST (G-2)

WISCONSIN EMERGENCY MANAGEMENT
 2400 Wright Street, P.O. Box 7865
 Madison, WI 53707-7865

SEE INSTRUCTIONS ON **INSTRUCTIONS TAB** BEFORE COMPLETING FORM

GRANTEE NAME (AS SHOWN ON GRANT AWARD)	REPORT PERIOD XX/XX/XXXX to XX/XX/XXXX	GRANT NUMBER
PROJECT TITLE	GRANT PERIOD XX/XX/XXXX to XX/XX/XXXX	
IS THIS THE FINAL REPORT FOR THIS GRANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PART I: EXPENSES - REPORT ACTUAL EXPENSES

BUDGET CATEGORIES	Column 1 FED/OR STATE CURRENT EXPENSE \$	Column 2 FED/OR STATE EXPENSE \$ TO DATE	Column 3 MATCH EXPENSE \$ TO DATE (IF REQUIRED)	Column 4 (2 + 3) EXPENSE \$ TO DATE INCLUDING MATCH	Column 5 APPROVED BUDGET INCLUDING MATCH	Column 6 BALANCE
PERSONNEL	0.00	0.00	0.00	0.00	0.00	\$ -
EMPLOYEE BENEFITS	0.00	0.00	0.00	0.00	0.00	\$ -
TRAVEL/TRAINING	0.00	0.00	0.00	0.00	0.00	\$ -
EQUIPMENT	0.00	0.00	0.00	0.00	0.00	\$ -
SUPPLIES/OPERATING	0.00	0.00	0.00	0.00	0.00	\$ -
CONSULTANTS/CONTRACTUAL	0.00	0.00	0.00	0.00	0.00	\$ -
OTHER	0.00	0.00	0.00	0.00	0.00	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

PART II: FUNDS REPORT AND REQUEST

	RECEIVED TO DATE	NOW REQUESTED
FED/OR STATE FUNDS	\$ -	\$ -

PART III: PERSON RESPONSIBLE FOR G-2 COMPLETION

NAME	TELEPHONE

PART IV: GRANTEE CERTIFICATION

I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND THAT ALL INFORMATION IS CONTAINED IN THE PERMANENT FISCAL RECORDS OF MY ORGANIZATION.
 ORIGINAL SIGNATURES OF BOTH THE PROJECT DIRECTOR AND FINANCIAL OFFICER MUST BE PROVIDED. MUST MATCH EGRANT \$.

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SIGNATURE OF PROJECT DIRECTOR DATE

SIGNATURE OF FINANCIAL OFFICER DATE

FOR WEM OFFICE USE ONLY:

AMOUNT VOUCHERED	CODE
DATE VOUCHERED	VO#
CONDITIONS:	<input type="checkbox"/> YES <input type="checkbox"/> NO

G-2: How to complete

G-2

GRANTEE NAME (AS SHOWN ON GRANT AWARD)	REPORT PERIOD XX/XX/XXXX to XX/XX/XXXX	GRANT NUMBER
PROJECT TITLE	GRANT PERIOD XX/XX/XXXX to XX/XX/XXXX	
IS THIS THE FINAL REPORT FOR THIS GRANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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Grant ID: 11010
Project Title: Budget Testing

Application Status: Open - Draft
 Fund Announcement: [FFY19 EMPG Emergency Management Performance Grant](#)

MAIN SUMMARY

Section Point Value: 0
 Created By: Ms. Natalie Easterday
Created Date: 9/24/2018 2:46:17 PM

Section Completion Status: Complete ▼
 Last Update By: Ms. Natalie Easterday
Last Update Date: 5/7/2019 9:40:52 AM

SubGrant ID: --

Applicant Agency: *

DUNS Number:

Cage Code:

Signatory Agency:

Project Director: *

Financial Officer: *

(Must be different than Project Director)

Alternate Contact:

(if applicable)

Signing Official: *

(Highest Elected Official):

Program Contact: [Natalie Easterday-Internal](#)
Fiscal Contact: [Cecelia R. Wisniewski](#)

Application Received Date:

Project Start Date: * 6/27/2018 (mm/dd/yyyy)

Project End Date: * 7/1/2019 (mm/dd/yyyy)

Returned Date:

Short Project Title: * Budget Testing

Brief Project Description: * Budget Testing

Application Award Date:

Application Award Amount: 0.00


Award Documents Mail Date:

Award Documents Return Date:

Resubmitted Date:

PART II: FUNDS REPORT AND REQUEST

	RECEIVED TO DATE	NOW REQUESTED
FED/OR STATE FUNDS	\$ -	\$ 3,487.00



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Grant ID: Project Title: Applicant Agency:
 Total Budget: \$3,687.00 Phase Budget: \$3,687.00

QUARTERLY SUBGRANTEE REPORT

This report submitted for the calendar quarter ending: 6/30/2016
 Report Period Ending Date: * 6/30/2016
 Report Type: * Quarterly Interim
 Final Report: * Yes
 Report Status: Submitted Last Submitted Date: 7/5/2016
 Approval Status: Approved Status Updated By: Deb Hughes

Financial Information	Budget	Expenditures To Date	Current Period	New Expenditures To Date	Grant Balance
Federal	3,687.00	0.00	3,487.00	3,487.00	200.00
Total Σ	3,687.00	0.00	3,487.00	3,487.00	200.00

Estimates of Amount of Funds Required Next Quarter: Federal \$ 0.00 State \$ 0.00

Budget Categories	Budget	Expenditures To Date	Current Period	New Expenditures To Date	Grant Balance
Travel (Including Training)	0.00	0.00	0.00	0.00	0.00
Consultants/Contractual	3,687.00	0.00	3,487.00	3,487.00	200.00
Total Σ	3,687.00	0.00	3,487.00	3,487.00	200.00

Project Income:

PART I: EXPENSES - REPORT ACTUAL EXPENSES

BUDGET CATEGORIES	Column 1	Column 2	Column 3	Column 4 (2 + 3)	Column 5	Column 6
	FED/OR STATE CURRENT EXPENSES	FED/OR STATE EXPENSES TO DATE	MATCH EXPENSES TO DATE (IF REQUIRED)	EXPENSES TO DATE INCLUDING MATCH	APPROVED BUDGET INCLUDING MATCH	BALANCE
PERSONNEL		0.00	0.00	0.00	0.00	\$ -
EMPLOYEE BENEFITS	0.00	0.00	0.00	0.00	0.00	\$ -
TRAVEL/TRAINING	0.00	0.00	0.00	0.00	0.00	\$ -
EQUIPMENT	0.00	0.00	0.00	0.00	0.00	\$ -
SUPPLIES/OPERATING	0.00	0.00	0.00	0.00	0.00	\$ -
CONSULTANTS/CONTRACTUAL	3,487.00	0.00	0.00	0.00	3,687.00	\$ 3,687.00
OTHER	0.00	0.00	0.00	0.00	0.00	\$ -
TOTAL	\$ 3,487.00	\$ -	\$ -	\$ -	\$ 3,687.00	\$ 3,687.00

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[Redacted Signature Area]

SIGNATURE OF PROJECT DIRECTOR DATE

[Redacted Signature Area]

SIGNATURE OF FINANCIAL OFFICER DATE

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Application Status: Open - Draft

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Fund Announcement: [FFY19 EMPG Emergency Management Performance Grant](#)

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DUNS Number:

[Add](#)

Cage Code:

[Add](#)

Signatory Agency:

Project Director: *

[Change](#)

Financial Officer: *

[Change](#)

(Must be different than Project Director)

Alternate Contact:

(if applicable)

[Add](#)

Signing Official: *

(Highest Elected Official)

[Change](#)

