## Nebraska Crime Commission Program Income Report Quarterly and Final

See page two to view full instructions for completing this form.				
GRANTEE/SUBGRANTEE:	GRANT NUM	GRANT NUMBER:		
PROJECT TITLE/PROGRAM NAME:	PROJECT PE	PROJECT PERIOD		
	FROM:		TO:	
PREPARED BY:	WHICH CALENDAR QUARTER OF YEAR			
DATE: PHONE:	DOES THIS R	REPORT COVER?		
Type of Report:	Jan. 1-Mar. 3	81 □	Jul. 1-Sept. 30 □	
1: Quarterly□ (Quarter #); and/or 2. Final Report □	Apr. 1-Jun. 3	0 🗆	Oct. 1-Dec. 31 □	
This form is used ONLY by subgrantees who are generating Income from grant activities. All program income earned must be accounted for and used for the purposes of funds provided under the applicable award and comply with the applicable special conditions.				
PROJECT INCOME includes, but is not limited to, income from fees for services performed, membership fees, registration/tuition fees such as conference registration, and fundraising income (state grants), generated under the Grant Award. Donations, court fees, or citation fees/fines as a result of law enforcement activities are not considered project income. All project income <u>received</u> and <u>expended</u> by the project must be reported on this form.				
REFERRALS BY PROGRAM- if applicable				
Program Type:	Total Number of Referrals to Program:			
Number of Fees Charged:	Number of Fees Waived:			
PROJECT INCOME RECEIPT AND EXPENDITURE				
<ol> <li>PROJECT INCOME BALANCE at Beginning of Quarter (line 4 from previous report, or "0" if this is the first report.)</li> </ol>		1.		
2. RECEIPTS/INCOME THIS QUARTER, BY SOURCE				
a. Fees: \$ b. Other (please specify): \$ Type:				
b. Other (please specify): \$ Type:  TOTAL RECEIPTS THIS QUARTER (sum of a &		2.		
3. TOTAL EXPENDITURES OF PROJECT INCOME THIS QUARTER		3.		
4. BALANCE END OF QUARTER [(1+2) – 3= 4]		4.		
REQUIRED SUBGRANTEE SIGNATURES: I certify that, to the best of my knowledge and belief, this report is correct and complete, all the expenditures were made within the guidelines of the funding source. I, hereby, also certify that the content of this from, other than the data entry required, has not been altered.				
Grant Primary Point of Contact Signature		Date		
Program Director Signature		Date		

# DETAILED INSTRUCTIONS FOR COMPLETING PROGRAM INCOME REPORT QUARTERLY AND FINAL

This form should be completed only by projects that generate program income as a direct result of the grant activity. The Program Income Report must be received by NCC within fifteen (15) days after the end of each calendar quarter. Program Income Report must be submitted quarterly regardless of whether Program Income was earned for that quarter. The Final Program Income Report must be received by NCC no later than forty-five (45) days after the end of the Grant Award Period.

#### **HEADING**

Grantee/Subgrantee: This is the agency to which the grant award was made.

Grant Number: This is the grant number assigned to the project by NCC. It can be found on the Grant Award.

Project Title/Program Name: This is name of the project or program within the grant that is generating program income.

<u>Project Period</u>: This is the period of the grant award, not the period for which this report is being submitted. It can be found on the Grant Award. Fill in the From date and the To date.

Prepared By: This is the person completing this form. Include this person's 10-digit phone number.

Date: This is the date this form is completed.

Type of Report: Check whether this is a quarterly progress report, and indicate which quarter number, or the final report at the end of the project. In those cases where the last quarterly report is combined with the final report, check both Quarterly and Final. Project Income expenditures must be reported up to the same % as the grant funded participation for the project. Example: If \$100 was generated as Project Income for a project with a 75% grant share of the total award, \$75 of expenditures would need to be reported. Additional quarterly reports may need to be submitted beyond the ending date of the grant award period to meet this requirement.

Calendar Quarter: Fill in the year in which the guarter you are reporting on falls. Check which calendar guarter this report covers.

### REFERRALS: This is for programs that charge a fee for service that is generating income for the grant funded program.

<u>Program Type</u>: This is type of program within the grant that is generating program income. Ex. Diversion, Crisis Counseling, or Criminal Justice Support.

<u>Total Number of Referrals:</u> This is the total number of referrals for the single program named in Program Name.

Number of Fees Charged: This is the number of times fees were charged during the period reported on this form.

Number of Fees Waived: This is the number of times fees were waived during the period reported on this form.

## PROGRAM INCOME RECEIPT AND EXPENDITURES

<u>Line 1- Project Income Balance at Beginning of Quarter:</u> If this is the first program income you are reporting for this grant, this figure will be \$0. Otherwise, it will be the figure on line 4 of the previous quarterly report.

<u>Line 2- Receipts/Income this Quarter:</u> Indicate the source and amount of Program Income during this quarter for *a*, fees just the amount, and *b*, specify source and amount. Enter total of *a* and *b* on line 2.

Line 3- Total Expenditure of Program Income this Quarter: Total expenditures of program income this guarter and enter on line 3.

Line 4- Balance End of Quarter: Add the amounts of line 1 and 2. Subtract the amount on line 3. Enter the result on line 4.

<u>Signatures:</u> Both the Grant Primary Point of Contact/Lead Contact and the Director of the program generating income must sign this report. One signed form for each program that is generating income, must be submitted to NCC through AmpliFund with that quarter's payment request.

QUARTERLY REPORTS ARE DUE NO LATER THAN 15 DAYS AFTER THE END OF THE QUARTER. FINAL REPORTS ARE DUE NO LATER THAN 45 DAYS AFTER THE END OF THE GRANT AWARD PERIOD.