



DOE FINANCIAL STATUS REPORT

for the Period ended \_\_\_\_\_

☐ FINAL FSR

SECTION A: GENERAL INFORMATION																
1. GRANTEE (NAME & ADDRESS):	2. FEDERAL ID NUMBER (FEIN):				3. CONTRACT AMOUNT:								REPORTING PERIOD	CUMULATIVE TOTAL		
	4. DCED CONTRACT NUMBER:				5. VENDOR NUMBER:							11. Interest				
	6. CFDA NUMBER:				7. DUNS NUMBER:							12. Landlord Contributions				
8. CONTACT PERSON & PHONE NUMBER:				9. CONTRACT PERIOD (MONTH, DAY, YEAR): FROM: _____ TO: _____								13. Program Income				
10. APPROVED:				TITLE:				DATE:								

SECTION B: REPORTING **Please report in whole dollar amounts**															
	BUDGET	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	CUMULATIVE TOTAL	REMAINING BUDGET
Administration															
Financial Audit															
Direct Services															
Program Support															
Program Operations															
Vehicles															
Major Equipment															
Total Direct Services															
Health & Safety															
Liability															
T & TA															
TOTAL															

DEPARTMENT APPROVAL:	The Quality Assurance Division's review of this Financial Status Report does not constitute acceptance of its associated expenditures. DCED's Compliance Monitoring Division will conduct a comprehensive review during the contract period to ensure eligibility of all related expenditures.
NOTES:	

WEATHERIZATION ASSISTANCE  
DOE PROGRAM FISCAL STATUS REPORT INSTRUCTIONS

Financial Status Reports are due by the 20th of the following month being reported.  
If your Financial Status Report is late your organization will be flagged and unable to draw funds on any grant administered by DCED.

SECTION A: GENERAL INFORMATION

- 1. **Grantee Name & Address:** Name & Address as it appears on the grant contract.
- 2. **Federal ID Number (FEIN):** Nine-digit number assigned by the IRS (ex. 23-2222222) located on the signature page of the contract.
- 3. **Contract Amount:** Located on the most current Funding Release Form.
- 4. **DCED Contract Number:** Located in the upper right corner of the contract or at the bottom right of the contract signature page.
- 5. **Vendor Number:** Six-digit number (or nine w/ extension, ex. 11111-012) located on the signature page of the contract.
- 6. **CFDA Number:** Located on the signature page of the contract.
- 7. **DUNS Number:** This number is required for Federal Grants and should have been obtained from the Dun & Bradstreet site. It can usually be found on the agency's most recent FFATA form.
- 8. **Contact Person & Phone Number:** List the name of the individual that can be contacted regarding any questions concerning the invoice and their phone number (including area code).
- 9. **Contract Period:** Located under Article III of the grant contract or on the first page of the most current amendment (if additional time was requested) under Contract Activity Period.
- 10. **Approved:** The person approving the FSR should be different from the person who completed the FSR.
- 11. **Interest:** Interest for the reporting period is defined as earned in the month being reported. Cumulative is defined as earned in the contract period.
- 12. **Landlord Contributions:** Landlord contributions for the reporting period is defined as earned in the month being reported. Cumulative is defined as earned in the contract period.
- 13. **Program Income:** Program income for the reporting period is defined as earned in the month being reported. Cumulative is defined as earned in the contract period.

***\*Please check box on FSR if this is a final request.\****

SECTION B: REPORTING ***\*\*Please report in whole dollar amounts\*\****

**Approved Budget Amounts:** List the approved budget amounts as they appear in the budget appendices of your grant contract, current amendment or approved budget modification. Your budget amounts must match the most recently approved budget. Any changes to these amounts must be approved by the program office prior to reporting.

**Monthly Expenditure Reporting:** The expenditures reported in each monthly column must match exactly what has been recorded in your general ledger as of the last day of the reporting period. This form must be completed for each grant received by the organization. Please do not combine multiple grants.