

PROJECT INCOME REPORTING TRANSMITTAL INSTRUCTIONS

This form must be used for the following types of project income reporting:

- Reporting Receipt of Project Income
- Proposed use of Project Income
- Reporting Project Income Expenditures

Check the appropriate box(es) when reporting Income or Expenditures.

1. SUBRECIPIENT

Enter the Subrecipient's name

2. SUBAWARD NUMBER

Enter the grant Subaward number

3. ADDRESS

Enter the address of the Subrecipient. Provide the complete 9-digit zip code (Zip +4).

4. REPORT PERIOD

Enter the report period in which income was generated or expended.

5. PERFORMANCE PERIOD

Enter the approved performance period giving the start and end dates for the Grant Contract.

6. CONTACT PERSON

Enter the name of the person preparing the form.

7. TELEPHONE AND EMAIL

Enter the (a.) telephone and (b.) email of contact person.

8. PROJECT TITLE

Enter the project title of the program.

9. PROJECT INCOME

Check each box indicating the type of project income generated for the report period.

10. INCOME RECEIVED

Enter the combined total dollar value of project income by type.

11. PROPOSED INCOME ALLOCATION

Indicate the budget category(ies) in which the income will be allocated.

12. PROJECT RELATED EXPENDITURES

If project income will not be used to further the activities of the grant, indicate for what purpose the funds will be expended.

13. EXPENDITURE REPORTING

Enter the actual amount of project income expended by budget category (ies). Project income cannot be expended prior to the approval of the Project Income Reporting Transmittal.

14. SUBRECIPIENT APPROVAL SIGNATURES

Please type the names of, and provide original signatures for; the Project Director and the Financial Officer.

Project Income Reporting

**IOWA CRIME VICTIM ASSISTANCE DIVISION
PROJECT INCOME REPORTING TRANSMITTAL**

Reporting Income Items (1) through (12)
Reporting Expenditures Items (1) through (13)

(1) SUBRECIPIENT _____

(2) Grant Contract # _____

(3) ADDRESS _____

(4) Report Period: _____ to _____

(5) Contract Period: _____ to _____

(6) Contact Person _____

7a) PHONE NUMBER: _____

(7b) Email _____

(8) PROJECT TITLE: _____

(9) Project Income (check all that apply):

(10) Income Received:

(11) Proposed Income Allocation:

Asset Forfeiture

\$ _____

Personal Services \$ _____

Client Fees

\$ _____

Operating Expenses \$ _____

Interest Earned on General Income

\$ _____

Equipment \$ _____

Registration Fees

\$ _____

Total \$ _____

Other Project Oriented Materials

\$ _____

(Totals for Income Received and Proposed
Income Allocation must match.)

Other (please describe):

\$ _____

\$ _____

(12) Will project income expenditures be used to further the project's objectives?

Yes

No, if no please provide explanation:

(13) Expenditure Reporting:

Personal Services \$ _____

Operating Expenses \$ _____

Equipment \$ _____

Total \$ _____

(14) SUBRECIPIENT APPROVAL SIGNATURES:

(A) PROJECT DIRECTOR Date _____

(B) FINANCIAL OFFICER Date _____

CVAD SIGNATURES	Date
(A) PROGRAM STAFF:	
(B) PROGRAM SUPERVISOR:	
(C) FINANCIAL SUPERVISOR:	

COMMENTS:
