# SUMMARY MONTHLY FINANCIAL STATUS REPORT

This report is to be completed by the subrecipient to support costs incurred related to the Coronavirus State & Local Fiscal Recovery Funds. The information should be as of the end of the month and submitted by the 10th day of the following month (or first business day thereafter).

1. **Organization**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Subaward ID Number** |  |
| **Expenditure Month** |  |

1. **Financial Summary**

|  |  |  |
| --- | --- | --- |
| **Total Funding Awarded** | **Total Funding Received to Date** | **Balance to be Received** |
|  |  |  |

1. **Financial Monthly Reporting:**

|  |  |  |
| --- | --- | --- |
| **Reports**  | **Current Costs Submitted with this Report** | **Actual Cumulative Costs to Date** |
| Financial payroll expenditure report |  |  |
| Financial non-payroll expenditure report |  |  |
| Total |  |  |

1. **Executive Compensation**

In order to determine whether you are required to report executive compensation data (a yes answer will require additional reporting), answer the following question: In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which the DUNS number you provided belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes or No

1. **Procurement**
We are aware that this grant is subject to the Federal Uniform Guidance procurement standards in §§200.318 through 200.327.

By signing below, I certify awareness of, and compliance with, the requirements above and certify all information included in this status report to be accurate to the best of my knowledge.

By (print):

Authorized Physical Signature:

Title: Date: