

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

AB 2766 GRANT MONTHLY / QUARTERLY FINANCIAL REPORT

Please provide the following information:

AGENCY: _____

PREPARER: _____

CONTRACT #: AB _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBER / EMAIL: _____ / _____

REIMBURSEMENT MONTH / QUARTER: _____

PROJECT DESCRIPTION: _____

FISCAL INFORMATION

- | | | |
|----|---|----------|
| 1 | Total project amount: | \$ _____ |
| 2. | Amount of funds requested this report, if any: | \$ _____ |
| 3. | Amount of funds expended to date: | \$ _____ |
| 4. | Amount of funds anticipated next 90 days: | \$ _____ |
| 5. | Total amount of funds expended (add lines 2 and 3): | \$ _____ |
| 6. | Remaining balance (subtract line 5 from line 1): | \$ _____ |

PROJECT STATUS: _____

