



# Denali Borough Matching Grant Quarterly Report

1. GRANT RECIPIENT NAME AND ADDRESS	2. GRANT NUMBER	3. REPORT NUMBER
	4. REPORTING PERIOD <i>(Dates)</i> FROM:                      TO:	
5. NAME AND TITLE OF PERSON COMPLETING REPORT	6. SIGNATURE OF PERSON COMPLETING REPORT	7. DATE OF REPORT

*Use worksheet on back to calculate expense totals.*

	Equipment	Training	Operations	Total
A) TOTAL GRANT AWARD AMOUNT				
B) PREVIOUSLY REPORTED EXPENDITURES				
C) EXPENDITURES PAID DIRECTLY BY THE BOROUGH THIS QUARTER				
D) TOTAL EXPENDITURES THIS QUARTER BY GRANTEE				
E) GRANT AMOUNT REMAINING [A-(B+C+D) = E]				
F) TOTAL REIMBURSEMENT REQUESTED				

8. DESCRIBE ACTIVITIES PERFORMED TOWARD COMPLETING THE GOALS OF YOUR FUNDING APPLICATION.	9. PERCENTAGE OF PROJECT COMPLETED
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### CASH MATCH CONTRIBUTION

	CASH MATCH REQUIRED	CASH MATCH THIS QUARTER	CASH MATCH PREVIOUSLY REPORTED	BALANCE OF CASH MATCH REQUIRED
CASH MATCH EXPENDITURES				

10. DESCRIBE ANY PROBLEMS THAT MAY HINDER YOUR ABILITY TO COMPLETE THE GOALS LISTED ON YOUR APPLICATION.
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11. CERTIFICATION BY RECIPIENT <b>I certify the financial expenditures submitted for reimbursement with this report, including supporting documentation, are eligible and allowable expenditures consistent with the project goals and objectives and grant guidelines, have not been previously requested, and that payment is due.</b>	12. DATE
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