



DEPARTMENT OF PUBLIC SAFETY
FINANCIAL REPORT FORM

INV #84720-045-RPT1

1. SUBAWARD NAME Public Assistance	2. SUBAWARD NUMBER 02140-84720-045	Report 1
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3. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.	3a. ORIGINAL DATE	4. MATCH REQUIRED 25%	<input type="checkbox"/> FINAL
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5. FEDERAL TAX ID NUMBER 03-6000456	6. FUNDING/SUBGRANT PERIOD FROM: 7/14/2023 TO: 1/14/2025	7. REPORT PERIOD FROM: 7/14/2023 TO: 7/14/2024
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8. SUBRECIPIENT NAME AND ADDRESS Town of East Montpelier Po Box 157 East Montpelier, Vt 05651	9. PAYEE (WHERE CHECK IS TO BE SENT IF DIFFERENT FROM 8) Town of East Montpelier Po Box 157 East Montpelier, Vt 05651
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10. NAME OF CONTACT PERSON Gina Jenkins	11. TELEPHONE NUMBER (802) 223-3313	12. EMAIL manager@eastmontpeliervt.org
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13A. SUBAWARD BUDGET CATEGORIES	13B. SUBAWARD BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. SUBAWARD BALANCE
PERSONAL SERVICES:				
Salaries and Benefits	0.00			0.00
Contractual	0.00			0.00
Total Personal Services	0.00	0.00	0.00	0.00
OPERATING EXPENSE:				
Supplies	0.00			0.00
Travel	0.00			0.00
Equipment	0.00			0.00
Other	15,283.12		15,283.12	0.00
Indirect Cost	0.00			0.00
Total Operating Expense	15,283.12	0.00	15,283.12	0.00
Total Program	15,283.12	0.00	15,283.12	0.00

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
Recommended Match (To Meet Match Requirement)			3,820.78	
Non-Federal Share (Match)	3,820.78		3,820.78	0.00
Federal Share	11,462.34		11,462.34	0.00
GRANT PAYMENT NOW REQUESTED			11,462.34	

15. CERTIFICATION			
<p>I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, fictitious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).</p>	SIGNATURE OF SUBRECIPIENT AUTHORIZING OFFICIAL		DATE SUBMITTED
	TYPED OR PRINTED NAME AND TITLE		TELEPHONE NUMBER

DO NOT WRITE IN THIS SECTION. FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY
The Accounts Payable Office is authorized to process payment to this subrecipient.

16. VENDOR ID/ ADDRESS 0000040556	17. ACCOUNT 550000	18. FUND 22005	19. DEPARTMENT ID 2140031000	20. CLASS 00001	21. PROJECT 84720-045	22. CFDA # 97.036
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DPS Signature Authority Approval:	Date:	Comment: PW-00035(0) 2/1/2024 \$15,283.12
DPS Financial Office Signature:	Date:	