

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
STANDARD APPLICATION FOR PROGRAM GRANTS**

**FORM FR 1
(FINAL FINANCIAL REPORT)**

PART 1

- A.** All sections of this report must be completed, and the report submitted, within sixty days of the end date of the project. Grant recipients should file their reports after reconciling carefully all figures with their city auditor, town accountant, or agency business manager.
- B.** A check made payable to the "Commonwealth of Massachusetts" must be returned for any unexpended funds.
- C.** Complete and return as follows:

Massachusetts Department of Elementary & Secondary Education
Grants Management
75 Pleasant Street
Malden, MA 02148-4906 ATTENTION: Financial Analysis and Reporting

D. Grant Recipient: (Legal Name of Agency)		
E. Address: (Street, City/Town/Zip Code)		
F. Project Number:		
G. Name of grant program/ Source of funds		
H. Name of person Completing this report: (Print or Type)	Name:	
	Title:	
	Phone Number:	

PART II

A. Funds Received: (this project)	\$
B. Funds expended: (see total Part III column C)	\$
C. Unexpended balance: (subtract the amount of line B from line A)	\$

PART III

- A.** Leave Column B blank, if the budget approved originally has not been previously amended.
B. The total of Columns C and D must equal Column A (or Column B, if the budget approved originally has been amended).

	Column A	Column B	Column C	Column D
LINE ITEM	BUDGET APPROVED ORIGINALLY	APPROVED AMENDED BUDGET (If applicable)	FUNDS EXPENDED	BALANCE UNEXPENDED
1. Administrators				0
2. Instructional/Direct Service Staff				0
3. Support Staff				0
4. Fringe				0
MTRS				0
Benefits				0
Other				0
5. Contractual Services				0
6. Supplies				0
7. Travel				0
8. Other				0
9. Indirect Costs				0
10. Equipment				0
11. Total	0	0	0	0

I certify that all the information contained in this Final Financial Report is true and correct and all expenditures were allowable and in accordance with the terms and conditions of the approved grant application.

1. Signature of Authorized Representative: (e.g., School Business Manager or Town Accountant)	X
2. Typed or Printed Name:	
3. Title:	
4. Date Report Submitted:	