

## QUARTERLY FINANCIAL STATUS REPORT

**EPA COOPERATIVE AGREEMENT NAME:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
 (SEE Coordinator)

**GRANTEE:** \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**REPORTING PERIOD:** \_\_\_\_\_ quarter of EPA Fiscal Year \_\_\_\_\_.  
 Number of pay periods in this quarter \_\_\_\_\_.  
 Date of this report: \_\_\_\_\_.

**COOPERATIVE AGREEMENT # CQ-** \_\_\_\_\_ **Site/Subaccount:** \_\_\_\_\_

**BUDGET PROJECT PERIOD** \_\_\_\_\_ (If appropriate)

This quarter: beginning # of enrollees \_\_\_\_\_ # enrollees gained: \_\_\_\_\_  
 # of enrollees lost : \_\_\_\_\_ # enrollees at end of quarter: \_\_\_\_\_

<b><u>EXPENSES</u></b>	<b><u>THIS QUARTER</u></b>	<b><u>LIFE-TO-DATE</u></b>
<u>Enrollee Costs:</u>		
Enrollee Wages	\$ _____	\$ _____
Enrollee Benefits	\$ _____	\$ _____
<b>Sub-total Enrollee Labor Expenses</b>	\$ _____	\$ _____
Enrollee Travel/Hotel/Etc.	\$ _____	\$ _____
Enrollee Training	\$ _____	\$ _____
Enrollee Medical Monitoring	\$ _____	\$ _____
Enrollee Supplies	\$ _____	\$ _____
Other Enrollee Costs:	\$ _____	\$ _____
<b>Subtotal Enrollee Expenses</b>	\$ _____	\$ _____
<u>Administrative Costs (1):</u>	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____

**TOTAL DOLLARS AWARDED LIFE-TO-DATE:** \$ \_\_\_\_\_

**LESS TOTAL LIFE-TO-DATE EXPENSES:** \$ \_\_\_\_\_

**BALANCE OF AWARDED FUNDS AVAILABLE AS OF QUARTER END:** \$ \_\_\_\_\_

**ACTION ITEM:** ESTIMATED NUMBER OF FUNDED WEEKS REMAINING IN  
 THIS COOPERATIVE AGREEMENT AS OF QUARTER END: \_\_\_\_\_  
 ESTIMATED DATE OF DEPLETION : \_\_\_\_\_

- Total budgets submitted but unawarded as of quarter end.....\$ \_\_\_\_\_
- Estimated number of funded weeks remaining  
 with addition of pending budgets.....\$ \_\_\_\_\_

(1) Administrative costs occur over the life of the agreement and are not expensed at 15% on a quarterly basis.

**Figure 4-1**