TEXAS Health and Human Services

Independent Living Services

Base/Operational Grant Quarterly Financial Report and Analysis

Form 3157
September 2018-E

Grantee:	Grant number:	Budget Period From (mm/dd/yy): To (mm/dd/yy):

Report Period (select all that apply)	☐ First Quarter			☐ Second Quarter			☐ Third Quarter			☐ Fourth Quarter			Budget Period Totals	
HHSC Funds	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Projected**	**Approved**
Salary and wages														
Fringe benefits														
Travel														
Equipment														
Supplies														
Contractual														
Indirect Costs														
Other														
Total														
Total Y-T-D													Delta =	
Program Income or Match Funds	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Projected**	**Approved**
Salary and wages														
Fringe benefits														
Travel														
Equipment														
Supplies														
Contractual														
Indirect Costs														
Other														
Total														
Total Y-T-D													Delta =	

Sources and Amounts of Funds and Resources	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
(A) Title VII, Ch. 1, Part B				
(B) Title VII, Ch. 1, Part C				
(C) Title VII, Ch. 2				
(D) Other federal funds				
(E) State government funds				
(F) Local government funds				
(G) Foundations, corporations, or trust grants				
(H) Donations from individuals				
(I) Membership fees				
(J) Investment income or endowment				
(K) Fees for service (program income, etc.)				
(L) Other resources (in-kind, fund raising, etc.)				
(M) Total income				
(N) Pass-through funds to consumers				
(O) Net operating resources				

Additional Information

1. Ratio A: Budget Period Totals Projected / Budget Period Totals Approved = %

If < 90%, is there a need for a revision to the grant award amount? ☐ Yes ☐ No

If > 100%, what are your plans to reduce expenses to get back on schedule?

Ratio B: Number of Months Passed / 12 = % = Percent of budget that has passed

Ratio C: Amount Expended/Obligated to Date / Total Award Amount = % = Percent of award expended or obligated to date

Is there more than a 5% difference between Ratio B and Ratio C? ☐ Yes ☐ No

If so, what are your plans to get back on schedule?

Variance

Variance = (Approved Category Budget - Projected Category Expenses) / Approved Category Budget

2. Projected Variance by Category:

Salaries or Wages	%	Equipment	%
Fringe	%	Supplies	%
Travel	%	Contractual	%
Other	%		

3. Cumulative Projected Variance:

Total % (use formula above with Total Budgeted and Projected Total Expenses)

Is projected variance of the total approved budget greater than 10%?
If Yes, prepare Budget Revision Request for submission. ☐ Yes ☐ No

Does this Budget Revision impact program goals, objectives, and/or activities?
If Yes, prepare Workplan Revision Request for submission. ☐ Yes ☐ No

4. Are there any costs anticipated, but not included in the current approved budget that require prior approval (e.g., equipment)? ☐ Yes ☐ No

Signature

I certify that the information in this report, to the best of my knowledge, represents the current financial status of the grant cited above.

Financial administration authority:	Date:
X	