



ARKANSAS DEPARTMENT OF FINANCE ADMINISTRATION
OFFICE OF INTERGOVERNMENTAL SERVICES

QUARTERLY REPORTING FORM

AGENCY (RECIPIENT)								
PROJECT TITLE:		Pregnancy Help Organization Grant						
SPENDING PLAN SUMMARY		APPROVED BUDGET	FUNDS USED QUARTER 1	FUNDS USED QUARTER 2	FUNDS USED QUARTER 3	FUNDS USED QUARTER 4	TOTAL FUNDS USED	UNSPENT BALANCE
Direct Client Support:								
Salaries:								
Fringe:								
Other (Please specify):								
Total Direct Client Support:								
Staff Training:								
Total Staff Training:								
Material & Supplies:								
Total Material & Supplies:								
Advertising:								
Total Advertising:								
Brochures/publications:								
Total Brochures/publications:								



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AGENCY (RECIPIENT)							
PROJECT TITLE:	PREGNANCY RESOURCE CENTER GRANT PROGRAM						
Professional Services:							
Total Professional Services:							
Operational:							
Rent:							
Utilities:							
Total Operational:							
Other (Please specify):							
Total Other (Please specify):							
TOTAL EXPENSES							

AUTHORIZED OFFICIAL (AO) SIGNATURE

(Enter AO Email)
(Enter AO Telephone)

FISCAL OFFICER (FO) SIGNATURE

(Enter FO Email)
(Enter FO Telephone)