

## PROJECT INCOME REPORTING TRANSMITTAL INSTRUCTIONS

### GENERAL INSTRUCTIONS

This form must be used for the following types of project income reporting:

- Reporting Receipt of Project Income
- Proposed use of Project Income
- Reporting Project Income Expenditures

Check the appropriate box(es) when reporting Income or Expenditures.

#### 1. SUBRECIPIENT

Enter the Subrecipient's name as it appears on line #1 of the "Grant Subaward Face Sheet" (Cal OES 2-101).

#### 2. SUBAWARD NUMBER

Enter the grant Subaward number as it appears at the top of the "Grant Subaward Face Sheet" (Cal OES 2-101).

#### 3. ADDRESS

Enter the address of the Subrecipient. Provide the complete 9-digit zip code (Zip +4).

#### 4. REPORT PERIOD

Enter the report period in which income was generated or expended (quarterly reporting of project income and expenditures is mandatory, *Subrecipient Handbook, Section 6610.2*).

#### 5. PERFORMANCE PERIOD

Enter the approved performance period giving the start and end dates for the Grant Subaward as shown on line #6 of the "Grant Subaward Face Sheet" (Cal OES 2-101), or as revised by an approved Grant Subaward Amendment, (Cal OES 2-213).

#### 6. CONTACT PERSON

Enter the name of the person preparing the form.

#### 7. TELEPHONE AND FAX NUMBERS

Enter the (a.) telephone and (b.) fax number of contact person.

#### 8. PROJECT TITLE

Enter the project title of the program.

#### 9. PROJECT INCOME

Check each box indicating the type of project income generated for the report period.

#### 10. INCOME RECEIVED

Enter the combined total dollar value of project income by type.

#### 11. PROPOSED INCOME ALLOCATION

Indicate the budget category(ies) in which the income will be allocated.

#### 12. PROJECT RELATED EXPENDITURES

If project income will not be used to further the activities of the grant, indicate for what purpose the funds will be expended. Refer to the *Subrecipient Handbook Section 6610* and program guidelines for direction on appropriate use of project income.

#### 13. EXPENDITURE REPORTING

Enter the actual amount of project income expended by budget category (ies). Project income cannot be expended prior to the approval of the Project Income Reporting Transmittal.

#### 14. SUBRECIPIENT APPROVAL SIGNATURES

Please type the names of, and provide original signatures for; the Project Director and the Financial Officer as shown on the "Signature Authorization Form (Cal OES 2-103).

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
PROJECT INCOME REPORTING TRANSMITTAL**

Reporting Income Items (1) through (12)  
Reporting Expenditures Items (1) through (13)

**(2) GRANT SUBAWARD #:** \_\_\_\_\_

(1) SUBRECIPIENT \_\_\_\_\_

**(4) REPORT PERIOD:** \_\_\_\_\_

(3) ADDRESS \_\_\_\_\_

to \_\_\_\_\_

**(5) PERFORMANCE PERIOD:** \_\_\_\_\_

(6) CONTACT PERSON \_\_\_\_\_

to \_\_\_\_\_

(7a) PHONE NUMBER \_\_\_\_\_

(7b) FAX \_\_\_\_\_

(8) PROJECT TITLE \_\_\_\_\_

<b>(9) Project Income (check all that apply):</b>	<b>(10) Income Received:</b>	<b>(11) Proposed Income Allocation:</b>
<input type="checkbox"/> Asset Forfeiture	\$ _____	Personal Services \$ _____
<input type="checkbox"/> Client Fees	\$ _____	Operating Expenses \$ _____
<input type="checkbox"/> Interest Earned on General Income	\$ _____	Equipment \$ _____
<input type="checkbox"/> Registration Fees	\$ _____	Total \$ _____
<input type="checkbox"/> Other Project Oriented Materials	\$ _____	(Totals for Income Received and Proposed Income Allocation must match.)
<input type="checkbox"/> Other (please describe): _____	\$ _____	\$ _____

**(12) Will project income expenditures be used to further the project's objectives?**

- Yes
- No, if no please provide explanation:  
\_\_\_\_\_  
\_\_\_\_\_

**(13) Expenditure Reporting:**

Personal Services	\$ _____
Operating Expenses	\$ _____
Equipment	\$ _____
Total	\$ _____

(14) SUBRECIPIENT APPROVAL SIGNATURES:

\_\_\_\_\_  
(A) PROJECT DIRECTOR Date

\_\_\_\_\_  
(B) FINANCIAL OFFICER Date

CAL OES SIGNATURES	Date
<b>(A) PROGRAM STAFF:</b>	
<b>(B) UNIT CHIEF:</b>	
<b>(C) GRANTS PROCESSING:</b>	

**COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_