



RI Public Safety Grant Administration Office

Grant Reimbursement Request and Fiscal Report (SF-260-R)

PSGAO Use Only

Requesting Agency:			
Address:		State Agency Account #:	
Grant Program Period:		Current Reporting Period:	
Federal Employer ID# (FEIN):		Subgrant Award #:	
From:		From:	
To:		To:	
Date Prepared:			

PSGO Use Only	Federal Grant #:	
	PO Release #:	

BUDGET SUMMARY for Project Name:

Projected Program Expenditures	Original Budget		Total Federal Previously Submitted for Reimbursement	Current Reporting Period Expenditures		Total Federal Expenditures to Date	Total Match Expenditures to Date
	Federal Amount	Match Amount		Federal (RIJC)	Local (Match)		
A. Personnel							
B. Consult./Contracts							
C. Travel Expenses							
D. Supplies/Expenses							
E. Equipment							
F. Other Costs							
Totals							

Payment Request Amount

(Should equal Current Federal Expenditures)

Authorized Agent *(Please Print)*

Signature *(Please Sign in Blue)*

PSGAO Use Only	Final Payment	
	Partial Payment	

I, the above-signed, have reviewed this fiscal report and certify that the information contained herein is true and correct to the best of my knowledge. I hereby certify that this request for grant reimbursement is in full accordance with the approved project budget, as approved by the RI Public Safety Grant Administration Office.

PSGAO/CBO Use Only			
Grant Manager Approval		Executive Approval	
	<input type="checkbox"/> Progress reports are up to date <input type="checkbox"/> Fiscal Report is accurate <input type="checkbox"/> Expenditures detailed satisfactorily		
			Routed to CBO:
Grant Program * Note:			
<input type="checkbox"/> Byrne/JAG	<input type="checkbox"/> VOCA	<input type="checkbox"/> RSAT	<input type="checkbox"/> JJDPA Formula
<input type="checkbox"/> VAWA	<input type="checkbox"/> GTEAP	<input type="checkbox"/> NCHIP	<input type="checkbox"/> PSN
		<input type="checkbox"/> JJ Block	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Coverdell	