



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:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff Training:							
Total Staff Training:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Material & Supplies:							
Total Material & Supplies:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Advertising:							
Total Advertising:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Brochures/publications:							
Total Brochures/publications:	0.00	0.00	0.00	0.00	0.00	0.00	0.00



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AGENCY (RECIPIENT)							
PROJECT TITLE:	PREGNANCY RESOURCE CENTER GRANT PROGRAM						
Professional Services:							
Total Professional Services:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operational:							
Rent:							
Utilities:							
Total Operational:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (Please specify):							
Total Other (Please specify):	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

AUTHORIZED OFFICIAL (AO) SIGNATURE

(Enter AO Email)

(Enter AO Telephone)

FISCAL OFFICER (FO) SIGNATURE

(Enter FO Email)

(Enter FO Telephone)