

**Government of Jamaica PDC Administrative Grant Report**

**Section 1: Application Summary**

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Email:** |  |
| **Grant Amount Received:** |  |
| **Application Period –(when grant was received):** |  |
| **Date of Report:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Organization’s Grant Objectives** | **List of Activities Implemented**  *(Must be aligned to objectives)* | **Objectives met?** *(Yes/No)* |
| A. |  |  |  |
| B. |  |  |  |
| C. |  |  |  |
| D. |  |  |  |

**Section 2: Grant Activities**

**\****Indicate if the item was purchased or an APPROVED down payment was made.*

*\*Add rows where necessary*

**If no, for *“objectives met?”* please give reason(s)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were there any difficulties in implementing the grant activities? (If yes, please explain)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | ***Outputs from Grant***  *(General Meeting held, equipment purchased, meeting space improved etc)* | ***Impact Realized*** *(Improved functions)* |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

**Do you have any recommendations for the fund?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expenditure Report**

**INCOME & EXPENDITURE REPORT FOR LAST GRANT AMOUNT RECEIVED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Balance B/F from any previous grant JA$** | **Amt. Received (Latest Grant only) JA$** | **Amount Spent**  **JA$** | **Remaining Balance JA$ = (B/F +Amount Recd. – Amount Spent)** |
| **INCOME**  **Balance Brought Forward** |  |  |  |  |
| Latest Grant amount received |  |  |  |  |
| **Expenditure** (amount spent) |  |  |  |  |
| A. |  |  |  |  |
| B. |  |  |  |  |
| C. |  |  |  |  |
| D. |  |  |  |  |
| **Total** |  |  |  |  |

***Do not write in shaded areas***

**Is there a balance left in the account from the grant (should not be more than 15% of grant amount awarded) (y/n)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**if yes, what is the balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please outline activities and estimated costs projected for the next tranche**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report Completed by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information *(phone, email, etc.):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach copies of all invoices & Receipts to this report

Note well any misappropriation of funds will have legal consequences. Kindly ensure that this report is completed with the highest level of integrity. If you have any concerns, please contact youR RESPECTIVE sdc parish office OR THE HEAD OFFICE AT 876-817-3747.