

**COASTAL BEND BAYS & ESTUARIES PROGRAM, INC.
FINANCIAL STATUS REPORT**

1. ORGANIZATION UNIT TO WHICH REPORT IS SUBMITTED: Coastal Bend Bays & Estuaries Program, Inc.				
2. CONTRACT TITLE: Habitat Restoration in the Coastal Bend				
3. PAYEE IDENTIFICATION NUMBER: 74-22632145		4. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE): The City of Someplace 1190 Somewhere Street Anyplace, TX 88888		
5. CBBEP CONTRACT NUMBER: #0501				
6. FINAL REPORT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
7. ACCOUNTING BASIS: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL				
8. TOTAL PROJECT/GRANT PERIOD: FROM 8/1/02 TO <u>7/31/05</u>		9. PERIOD COVERED BY THIS REPORT: FROM <u>1/31/05</u> TO <u>2/28/05</u>		
10. BUDGET CATEGORIES:	Approved Budget	Project Cost This Report	Cumulative Project Cost	Balance **
a. Personnel/Salary	10,000	2,000	4,000	6,000
b. Fringe Benefits	1,000	500	1,000	0
c. Travel	500	*0	0	500
d. Supplies	500	*200	200	300
e. Equipment	3,000	*1,000	1,500	1,500
f. Contractual	10,000	*3,000	5,000	5,000
g. Construction	0	*0	0	0
h. Other	2,000	*1,500	2,000	0
i. Total Direct Costs (Sum a - h)	27,000	8,200	13,700	13,300
j. Indirect Costs	0	0	0	0
k. Total (Sum of i & j)	27,000	8,200	13,700	13,300
<p>* List (Itemize) on the appropriate supplemental form all component expenses comprising the total for each of these categories. Please attach receipts, as required, in accordance with Attachment B of your contract.</p> <p>** Negative balances in any of the budget categories should be explained in a brief accompanying narrative.</p>				
11. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award document.				
Signature of Authorized Certifying Official _____				
Typed or Printed Name and Title John Smith, Director of Finance _____				
Telephone (Area code, number and ext.) <u>361-555-5555</u> Date Submitted <u>3/17/05</u>				

EQUIPMENT PURCHASES (during this report period)

NUMBER PURCHASED	ITEM DESCRIPTION (Should match description provided for approval)	UNIT COST	TOTAL COST	TASKS
1	Computer system	1,000	1,000	2
TOTAL EQUIPMENT EXPENDITURES (must agree with line 10e on Form 269a)			\$1,000	

CONTRACTUAL EXPENDITURES (during this report period)

SUBCONTRACTOR (NAME)	FOR	COST (THIS PERIOD)	TASKS
Someone's Engineering Co.	Design of public access area, including placement of picnic tables, and interpretative signs.	\$3,000	
TOTAL CONTRACTUAL EXPENDITURES (must agree with line 10f on Form 269a)		\$3,000	

* LEGIBLE RECEIPTS, IF REQUIRED, MUST BE ATTACHED TO THIS FORM FOR EACH LISTED ITEM OR EXPENDITURE.

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ITEMIZATION OF SUPPLY AND OTHER COSTS

SUPPLIES PURCHASED (during this report period)

NUMBER PURCHASED	ITEM DESCRIPTION (Should match description provided for approval)	UNIT COST	TOTAL COST	TASKS
10	binders for master plan distribution	5.00	50.00	3
	supplies for producing plans	100.00	100.00	3
3	boxes of trash bags for cleanup	50.00	50.00	2
TOTAL SUPPLY EXPENDITURES (must agree with line 10d on Form 269a)			\$200.00	

OTHER EXPENDITURES (during this report period)

NUMBER PURCHASED	DESCRIPTION	UNIT COST	TOTAL COST	TASKS
	Registration for Mr. Jones to attend training at Fall workshop for the purpose of.....	500.00	500.00	4
	Postage to mail master plans	100.00	100.00	2
	Rental of tent to host workshop attendees	900.00	900.00	5
TOTAL OTHER EXPENDITURES (must agree with line 10h on Form 269a)			\$1,500.00	

*LEGIBLE RECEIPTS, IF REQUIRED, MUST BE ATTACHED FOR ALL LISTED EXPENDITURES THAT EQUAL OR EXCEED \$500.

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ITEMIZATION OF PERSONNEL/SALARY AND TRAVEL COSTS

PERSONNEL/SALARY EXPENDITURES (during this report period)

EMPLOYEE NAME	TITLE/POSITION	SALARY (THIS PERIOD)	TASKS
Mr. E. Jones	Project Director	1,000.00	2, 3, 4
Ms. C. Smith	Project Manager	1,000.00	3 & 4
Fringe benefits		500.00	
TOTAL SALARY EXPENDITURES(must agree with line 10a on Form 269a)		\$2,500.00	

TRAVEL EXPENDITURES (during this report period)

DESCRIPTION	REASON	COST (THIS PERIOD)	TASKS
Travel to Austin roundtrip	Visit with officials regarding contract	212.00	
TOTAL TRAVEL EXPENDITURES (must agree with line 10c on Form 269a)		\$0	

* SUPPLEMENTAL DOCUMENTATION (time sheets, travel receipts, etc.) IS NOT REQUIRED TO BE ATTACHED TO THIS FORM.