**Quenching Thirst Subaward Program - Budget Report**

**Organization Name:**

**Subaward Number:**

**Reporting Period:**

**Project Title:**

**Project Coordinator:**

**Contact Information:**

* **Email:**
* **Phone:**

### **1. Budget Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Approved Budget** | **Expenditure this Quarter** | **Cumulative Expenditure to Date** | **Remaining Balance** |
| Personnel | $ | $ | $ | $ |
| Fringe Benefits | $ | $ | $ | $ |
| Travel | $ | $ | $ | $ |
| Equipment | $ | $ | $ | $ |
| Supplies | $ | $ | $ | $ |
| Contractual/Consultants | $ | $ | $ | $ |
| Other Direct Costs | $ | $ | $ | $ |
| Indirect Costs (if any) | $ | $ | $ | $ |
| **Total** | **$** | **$** | **$** | **$** |

### **2. Expenditure Details**

#### **2.1 Personnel**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Provide detailed explanation for any under/overspending in personnel costs, including any staffing changes or adjustments in personnel time allocation.]*

#### **2.2 Fringe Benefits**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Explain any significant differences in fringe benefits costs, such as changes in benefits rates or staffing levels.]*

#### **2.3 Travel**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Detail the specific trips, purpose, and related expenses. Explain any variances, such as travel cancellations or rescheduling.]*

#### **2.4 Equipment**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[List the equipment purchased, if applicable, and provide details on usage or installation delays.]*

#### **2.5 Supplies**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Describe the types of supplies purchased. If spending was above/below expectations, explain the reasons.]*

#### **2.6 Contractual/Consultants**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Include the names of contractors/consultants, tasks performed, and any deviations from planned expenditures.]*

#### **2.7 Other Direct Costs**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Outline any other direct costs incurred, such as fees or communications expenses. Explain variances if applicable.]*

#### **2.8 Indirect Costs (if applicable)**

* **Approved Budget:** $[Amount]
* **Expenditure this Quarter:** $[Amount]
* **Cumulative Expenditure to Date:** $[Amount]
* **Remaining Balance:** $[Amount]
* **Explanation of Variances (if any):**

*[Discuss any adjustments to indirect costs, including changes in rates or calculation errors.]*

### **3. Narrative Analysis**

* **Overall Budget Performance:**

*[Provide a summary of the overall budget performance, noting areas where expenditures are aligned with expectations and any categories where over- or under-spending has occurred.]*

* **Key Adjustments or Changes (if any):**

*[Discuss any significant changes in the project budget, such as reallocations or requests for budget modifications.]*

* **Expected Expenditure for Next Quarter:**

*[Provide a projection of planned expenditures for the next quarter, indicating any large purchases, travel, or contractual expenses expected.]*

### **4. Certification**

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

**Project Coordinator Name:**

**Signature:**

**Date:**

**Please submit this quarterly report to jessica.palitza@tamucc.edu by the due dates below.**

|  |  |  |
| --- | --- | --- |
| **Budget Reports** | **Period Covered** | **Due Date (No Later Than)** |
| Quarterly Report 1 | January – March 2025 | 4/15/2025 |
| Quarterly Report 2 | April - June 2025 | 7/15/2025 |
| Quarterly Report 3 | July - September 2025 | 10/15/2025 |
| Quarterly Report 4 | October - December 2025 | 1/15/2026 |
| Quarterly Report 5 | January - March 2026 | 4/15/2026 |
| Quarterly Report 6 | April - June 2026 | 7/15/2026 |
| Quarterly Report 7 | July - September 2026 | 10/15/2026 |
| Quarterly Report 8 | October - December 2026 | 1/15/2027 |
| Quarterly Report 9 | January - March 2027 | 4/15/2027 |
| Quarterly Report 10 | April - June 2027 | 7/15/2027 |
| Quarterly Report 11 | July - September 2027 | 10/15/2027 |
| Quarterly Report 12 | October - December 2027 | 1/15/2028 |
| Quarterly Report 13 | January - March 2028 | 4/15/2028 |
| Quarterly Report 14 | April - June 2028 | 7/15/2028 |
| Quarterly Report 15 | July - September 2028 | 10/15/2028 |
| Quarterly Report 17 | October - December 2028 | 1/15/2029 |
| Quarterly Report 17 | January - March 2029 | 4/15/2029 |
| Final Report | April 01, 2024 - March 31, 2029 | 7/15/2029 |