



**DEPARTMENT OF PUBLIC SAFETY  
FINANCIAL REPORT FORM**

<b>1. SUBAWARD NAME</b> Public Assistance	<b>2. SUBAWARD NUMBER</b> 02140-84330-020	<b>Report 1</b>
<b>3. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.</b>	<b>3a. ORIGINAL DATE</b>	<b>4. MATCH REQUIRED</b> 25% <input type="checkbox"/> FINAL

<b>6. FEDERAL TAX ID NUMBER</b> 03-6000564	<b>7. FUNDING/SUBGRANT PERIOD</b> FROM: 8/16/2017 TO: 2/16/2019	<b>8. REPORT PERIOD</b> FROM: 8/16/2017 TO: 2/16/2019
<b>9. SUBRECIPIENT NAME AND ADDRESS</b> Town of Middlebury 77 Main Street Middlebury, VT 05753	<b>10. PAYEE (WHERE CHECK IS TO BE SENT IF DIFFERENT FROM 9)</b> Town of Middlebury 77 Main Street Middlebury, VT 05753	

<b>11. NAME OF CONTACT PERSON</b> Kathleen Ramsay	<b>12. TELEPHONE NUMBER</b> <b>EMAIL</b> (802) 458-8000      kramsay@townofmiddlebury.org
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13A. SUBAWARD BUDGET CATEGORIES	13B. SUBAWARD BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. SUBAWARD BALANCE
<b>PERSONAL SERVICES:</b>				
Salaries and Benefits	0.00			0.00
Contractual	0.00			0.00
<b>Total Personal Services</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>OPERATING EXPENSE:</b>				
Supplies	0.00			0.00
Travel	0.00			0.00
Equipment	0.00			0.00
Other	72,289.98		72,289.98	0.00
Indirect Cost	0.00			0.00
<b>Total Operating Expense</b>	<b>72,289.98</b>	<b>0.00</b>	<b>72,289.98</b>	<b>0.00</b>
<b>Total Program</b>	<b>72,289.98</b>	<b>0.00</b>	<b>72,289.98</b>	<b>0.00</b>

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
Recommended Match (To Meet Match Requirement)			18,072.50	
Non-Federal Share (Match)	18,072.50		18,072.50	0.00
Federal Share	54,217.48		54,217.48	0.00
<b>GRANT PAYMENT NOW REQUESTED</b>			<b>54,217.48</b>	

<b>15. CERTIFICATION</b>		
<p>I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, fictitious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).</p>	<b>SIGNATURE OF SUBRECIPIENT AUTHORIZING OFFICIAL</b>	<b>DATE SUBMITTED</b>
	<b>TYPED OR PRINTED NAME AND TITLE</b>	<b>TELEPHONE NUMBER</b>

DO NOT WRITE IN THIS SECTION. FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY				
The Accounts Payable Office is authorized to process payment to this subrecipient.				
<b>16. DEPARTMENT ID</b> 2140031000	<b>17. CLASS</b> 00001	<b>18. FUND</b> 22005	<b>19. ACCOUNT</b> 550000	<b>20. VENDOR ID/ ADDRESS</b> 39947
<b>DPS Signature Authority Approval:</b>		<b>Comment:</b> PW-00037(0) 8/28/18 \$41,699.63; PW-00076(0) 9/21/18 \$30,590.35		
<b>DPS Financial Office Signature:</b>				