INDIANA SUPREME COURT
OFFICE OF JUDICIAL ADMINISTRATION
INDIANA OFFICE OF COURT SERVICES
**COURT REFORM GRANT QUARTERLY REPORT**

*This is a fillable form. Enter data in fields indicated. Narrative fields are unlimited. Please do not include attachments.*

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|  Grant Information  |
| Award Number: Click or tap here to enter text. | **Grant Period:** Click or tap here to enter text. |
| Grantee name: Click or tap here to enter text. | **Address:** Click or tap here to enter text. |
| City: Click or tap here to enter text. | **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text. |
| Grant Type: [ ]  Improving Court Security [ ]  Technological Innovation [ ]  Genius Grants |
| Date Report Prepared: Click or tap to enter a date. |
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| Quarterly Report (please select the appropriate report): | [ ] 1st Quarter January 1 – March 31 (Due April 15th)[ ] 2nd Quarter: April 1 – June 30 (Due July 15th) [ ] 3rd Quarter: July 1 – September 30 (Due October 14th)[ ] 4th Quarter: October 1 – December 31 (Due January 13th) |

 |
| Report of Expenditures by Budget Category for this Quarter |
|  Grant Period1/1/23 – 12/31/23 | **Grant**Approved Budget | **Expenditures** | **Grant Funds**Balance |
|  |  | This Quarter | Prior Quarter(s) | Cumulative |  |
| Personnel (including taxes and benefits |       |       |       | $0.00 | $0.00 |
| Contracted Services |       |       |       | $0.00 | $0.00 |
| Supplies/Equipment |      |       |       | $0.00 | $0.00 |
| Education/Training |       |       |       | $0.00 | $0.00 |
| Travel |       |       |       | $0.00 | $0.00 |
| Other Expenses (Please specify)      |       |       |       | $0.00 | $0.00 |
| Totals | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Please complete the following |
| Describe the project activities during the quarter |
| Click or tap here to enter text. |
| Describe the progress in terms of achieving objectives of the grant award |
| Click or tap here to enter text. |
| Describe any problems, delays, or adverse conditions you have experienced. Include a statement of action taken or contemplated, and any assistance needed to resolve the situation |
| Click or tap here to enter text. |
| Describe the activities scheduled during the next reporting period |
| Click or tap here to enter text. |
|  |
| Certification: I certify that to the best of my knowledge, the information above is correct and that all disbursements were or are to be made in accordance with the grant conditions |
|  |
| *Signature of Judge or Authorized Representative of the Court:* *(Electronic signature is acceptable: i.e.., the indicator /s/ followed by the person’s name* |
| Typed name of Authorized Representative of the Court: Click or tap here to enter text. |
| Title of Authorized Representative: Click or tap here to enter text. |
| Signature of Authorized Representative: Click or tap here to enter text. |
| Date Signed: Click or tap to enter a date. |
| Phone number: Click or tap here to enter text. |
| Email address: Click or tap here to enter text. |