

07/01/07

Promoting Safe and Stable Families Grant 25% Monthly Match Report

CBC Lead Agency or provider: _____

Month/year of match report: _____

Date report submitted: _____

District # or Region: _____

Report prepared by: _____
(include telephone number and
e-mail address) _____

	CASH	IN-KIND
Family Support	\$ _____	\$ _____
Family Preservation	\$ _____	\$ _____
Time-Limited Family Reunification	\$ _____	\$ _____
Adoption Promotion and Support	\$ _____	\$ _____
	Total Cash	Total In-kind
Total match reported for this period	\$ _____	\$ _____

Submit report to your local contract manager for review and approval. Contract manager will forward the approved report to: Theresa.Leslie@dcf.state.fl.us.

Note: Include information in the comment section below that may be important for the local contract manager.

1. Indicate if you agreed to donate extra match to another CBC Lead Agency. Provide the amount, the agency and contact staff receiving your match for this month only. Do not include donated match in your totals.
2. Indicate if you received match from another CBC Lead Agency per your mutual agreement. Indicate the amount, program category and type of match (cash or in-kind) where donation is included, donating agency, and contact staff name. Include the amount in your program specific totals.
3. Do not indicate if a total is extra match for that month. If it is an unusually high figure you may want to inform the contract manager in the comment section below. This will verify that the total is not a typographical error.

Comments: