

Monthly Financial Report

Exhibit IX

1 Organizational Element to which Report is Submitted Volunteer Florida			2. Federal Grant or Other Identifying Number Assigned by Volunteer Florida			Page of <div style="display: flex; justify-content: space-between; width: 100%;"> 1 1 </div>			
3. Recipient Organization (Name and complete address, including ZIP code)									
4a. DUNS Number		4b. EIN		5. Recipient Account Number or Identifying Number		6. Report Type <input type="checkbox"/> Monthly <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/>		7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project /Grant Period From: (Month, Day, Year)			To: (Month, Day, Year)			9. Reporting Period End Date (Month, Day, Year)			
10. Transactions									
<i>(Use lines a-c for single or multiple grant reporting)</i>									
Federal (Volunteer Florida) Cash									
a. Cash Receipts									
b. Cash Disbursements									
c. Cash on Hand (line a minus b)									
<i>(Use lines d-o for single grant reporting)</i>									
Federal (Volunteer Florida) Expenditures and Unobligated Balance									
d. Total Federal funds authorized									
e. Federal share of expenditures									
f. Federal share of unliquidated obligations									
g. Total Federal share (sum of lines e and f)									
h. Unobligated balance of Federal funds (line d minus g)									
Grantee Share									
i. Total Grantee share required									
j. Grantee share of expenditures									
k. Remaining Grantee share to be provided (line i minus j)									
Program Income									
l. Total Federal program income earned									
m. Program income expended in accordance with the deduction alternative									
n. Program income expended in accordance with the addition alternative									
o. Unexpended program income (line l minus line m or line n)									
11. Indirect Expense	a. Type	b. Rate	c. Period From	d. Period To	e. Base	f. Amount Charged	g. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No federal funds other than funds from CNCS were used to carry out the program(s) funded under this grant.									
13. Certification: I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section									
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)				
b. Signature of Authorized Certifying Official					d. Email Address				
					e. Date Report Submitted (Month, Day, Year)				
					14. Agency use only:				