COJ PUPLIC SERVICE GRANT PROGRAM
MONTHLY FINANCIAL REPORT (Start-up)
Fiscal Year 2025/2026

Name of Agency: _____

Program Title: _____

Month Beginning: Start-up **Month Ending:** Start-up

PART I: SUMMARY OF REVENUE	APPROVED BUDGET	REVISED APPROVED BUDGET	PROJECTED START UP EXPENSES	TOTAL RECEIPTS YEAR-TO-DATE	REMAINING BALANCE
Public Service Grant Funds Received	$ -	$ -	$ -	$ -	$ -

PART II: EXPENDITURES	APPROVED BUDGET	REVISED APPROVED BUDGET	PROJECTED START UP EXPENSES	TOTAL EXPENDITURES YEAR-TO-DATE	REMAINING BALANCE
Compensation (1200) W-2 reimbursement					
Salaries/Wages (1200)	$ -	$ -	$ -	$ -	$ -
Salaries/Wages (1200)	$ -	$ -	$ -	$ -	$ -
Salaries/Wages (1200)	$ -	$ -	$ -	$ -	$ -
Salaries/Wages (1200)	$ -	$ -	$ -	$ -	$ -
Salaries/Wages (1200)	$ -	$ -	$ -	$ -	$ -
Salaries/Wages (1200)	$ -	$ -	$ -	$ -	$ -
Benefits					
FICA and Med Tax (2101)	$ -	$ -	$ -	$ -	$ -
Health Insurance (2304)	$ -	$ -	$ -	$ -	$ -
Retirement	$ -	$ -	$ -	$ -	$ -
Dental	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Worker's Compensation	$ -	$ -	$ -	$ -	$ -
Unemployment	$ -	$ -	$ -	$ -	$ -
Other (LT Disability)	$ -	$ -	$ -	$ -	$ -
Occupancy Expenses					
Rent Occupancy	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -
Utilities	$ -	$ -	$ -	$ -	$ -
Maintenance and Repairs	$ -	$ -	$ -	$ -	$ -
Local Milege	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ -	$ -	$ -	$ -	$ -
Insurance Property and General Liability	$ -	$ -	$ -	$ -	$ -
Printing and Advertising	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -
Professional Fees-1099 reimbursements	$ -	$ -	$ -	$ -	$ -
Direct Client Expenses					
Client Rent	$ -	$ -	$ -	$ -	$ -
Client Food	$ -	$ -	$ -	$ -	$ -
Client Medical	$ -	$ -	$ -	$ -	$ -
Client Other	$ -	$ -	$ -	$ -	$ -
Client Other	$ -	$ -	$ -	$ -	$ -
TOTALS	$ -	$ -	$ -	$ -	$ -

Awardee Use Only.	For COJ Use Only. Do not Complete.	
Prepared By:	Reviewed By:	Reviewed By:
Agency:	City of Jacksonville	City of Jacksonville
Name:	Name:	Name:
Title:	Title: Human Services Planner III	Title: Grant Administrator
Date:	Date:	Date:
Signature:	Signature:	Signature:

*This request is submitted pursuant to Section 837.06, Florida Statutes