

**STATE OF VERMONT
SUBRECIPIENT SCHEDULE OF FEDERAL EXPENDITURES**

FISCAL YEAR ENDING DATE: _____ **VENDOR NUMBER:** _____

SUBRECIPIENT NAME: _____

ADDRESS: _____

CFDA Number	Awarding Agency	Grant Number	Expenditures
Total			

- **Fiscal Year Ending Date:** The ending date of the subrecipient's fiscal year covered by this report.
- **CFDA number:** The Catalog of Federal Domestic Assistance identification number - found on grant award document.
- **Awarding Agency:** The federal, state, or other pass-through entity awarding funds to this subrecipient.
- **Grant Number:** The number assigned by the awarding agency to identify the specific grant award.
- **Expenditures:** Expenditure/expense transactions associated with carrying out the requirements of the federal grant, regardless of whether or not reimbursement has been made by the granting agency. Include the value of federal awards expended for non-cash assistance, if applicable.

Complete one form annually for each subrecipient organization, including all federal funds expended by the organization. List each grant award on its own line, attaching a separate sheet if more lines are needed.

This form is required only from those subgrantees not requiring a single audit. It should be completed once annually for all federal grant expenditures incurred by the organization at the conclusion of its fiscal year. This form must be completed by the Chief Financial Officer, Controller, Treasurer, Business Manager, or other person responsible for the financial records of the organization.

Attach to the Certification of Audit Requirement and mail to: Department of Finance & Management, Financial Operations Division, 109 State Street, 4th Floor, Montpelier, VT 05609-5901

I certify that the above information is correct:	
Name: _____	Title: _____
Signature: _____	Date: _____
Phone: _____	Email: _____
(Phone and email will be used only to contact you with questions about this submission.)	