



NEW JERSEY JUVENILE JUSTICE COMMISSION
ANNEX B: CONTRACT INFORMATION SUMMARY



Agency Name: _____

Contract Number: _____

Agency Address: _____

Agency Federal ID Number: _____

Charities Registration Number: _____

Agency Phone #: _____

Non-Profit Agency For-Profit Agency Public Agency

Chief Exec. Officer: _____

Budget Period: _____ to _____ Agency Fiscal Year nd: _____
(Month/Year)

Prepared By: _____

Schedules Completed: 1 2 3 4

Date Prepared: _____

Accounting Method: Cash Basis Actual Basis

Budget: I certify that the cost data used to prepare the contract budget is Current, Complete and in accordance with the governing principles for determining costs. Signature: _____
AGENCY AUTHORIZED SIGNATURE

EXPENDITURES REPORTING FOR PROVISIONAL RATES(S) JJC PROGRAM COMPONENT

BUDGET CATEGORIES	APPROVED BUDGET	EXPENDITURES THIS QUARTER FROM _____ TO _____	CUMULATIVE EXPENDITURES FROM _____ TO _____	BUDGET BALANCE
A. PERSONNEL				
B. CONSULTANTS & PROFESSIONAL FEES				
C. MATERIALS & SUPPLIES				
D. FACILITY COSTS				
E. SPECIFIC ASSISTANCE TO CLIENTS				
F. OTHER				
G. GEN. & ADMIN. COST ALLOCATION				
H. TOTAL				
I. EQUIPMENT (SCHEDULE #1)				
J. TOTAL COST				
K. LESS: REVENUE (SCHEDULE #2)				
L. NET COST				
M. PROFIT				
N. REIMBURSABLE CEILING				
O. UNITS OF SERVICE				
P. UNIT COST				

EXPENDITURE REPORT: I certify that the expenditure herein are current, accurate and in accordance with the contract budge and governing principles for determining costs.

INTERIM

FINAL

Signature _____ (Fiscal Officer)

Date: _____

NEW JERSEY JUVENILE JUSTICE COMMISSION
ANNEX B: CONTRACT EXPENSE SUMMARY

PURPOSE:

Agency Name: _____

Contract Number: _____

BUDGET PREPARATION

EXPENDITURE REPORT

BUDGET CATEGORY:	TOTAL COST				UNALLOWABLE COSTS	GENERAL & ADMIN. COSTS
A. PERSONNEL						
B. CONSULTANTS & PROFESSIONAL FEES						
C. MATERIALS & SUPPLIES						
D. FACILITY COSTS						
E. SPECIFIC ASSISTANCE TO CLIENTS						
F. OTHER						
G. GENERAL & ADMIN. COST ALLOCATION						
H. TOTAL OPERATING COSTS						
I. EQUIPMENT (SCHEDULE #1)						
J. TOTAL COST						
K. LESS: REVENUE (SCHEDULE #2)						
L. NET COST						
M. PROFIT						
N. REIMBURSABLE CEILING						
O. UNITS OF SERVICE						
P. UNIT COST						

