INDIANA SUPREME COURT
OFFICE OF JUDICIAL ADMINISTRATION
INDIANA OFFICE OF COURT SERVICES
**COURT REFORM GRANT FINAL CLOSING REPORT**

*This is a fillable form. Enter data in fields indicated. Narrative fields are unlimited. Please do not include attachments.*

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|  Grant Information  |
| Award Number: Click or tap here to enter text. | **Grant Period:** Click or tap here to enter text. |
| Grantee name: Click or tap here to enter text. | **Address:** Click or tap here to enter text. |
| City: Click or tap here to enter text. | **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text. |
| Grant Type: [ ]  Improving Court Security [ ]  Technological Innovation [ ]  Genius Grants |
| Date Report Prepared: Click or tap to enter a date. |
| Report of Expenditures by Budget Category for this Quarter |
|  Grant Period1/1/22 – 12/31/22 | **Grant**Approved Budget | **Expenditures** | **Grant Funds**Balance |
|  |  | This Quarter | Prior Quarter(s) | Cumulative |  |
| Personnel (including taxes and benefits |       |       |       | $0.00 | $0.00 |
| Contracted Services |       |       |       | $0.00 | $0.00 |
| Supplies/Equipment |      |       |       | $0.00 | $0.00 |
| Education/Training |       |       |       | $0.00 | $0.00 |
| Travel |       |       |       | $0.00 | $0.00 |
| Other Expenses (Please specify)      |       |       |       | $0.00 | $0.00 |
| Totals | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Please complete the following |
| What were the objectives of the project? Were they achieved? |
| Click or tap here to enter text. |
| Describe any problems, delays, or adverse conditions you experienced. Include a statement of action taken or contemplated, and any assistance needed to resolve the situation. |
| Click or tap here to enter text. |
| Current Status of the Project |
| Click or tap here to enter text. |
| If the Project is not completed, what other activities are needed to complete the project? |
| Click or tap here to enter text. |
| What is the projected date of completion? |
| Click or tap here to enter text. |
| Is this project transferable to other courts and/or projects? |
| Click or tap here to enter text. |
| If you received any press or media coverage on your Court Reform Grant activities, please attach a copy. |
|  |
| Certification: I certify that to the best of my knowledge, the information above is correct and that all disbursements were or are to be made in accordance with the grant conditions |
|  |
| *Signature of Judge or Authorized Representative of the Court:* *(Electronic signature is acceptable: i.e.., the indicator /s/ followed by the person’s name* |
| Typed name of Authorized Representative of the Court: Click or tap here to enter text. |
| Title of Authorized Representative: Click or tap here to enter text. |
| Signature of Authorized Representative: Click or tap here to enter text. |
| Date Signed: Click or tap to enter a date. |
| Phone number: Click or tap here to enter text. |
| Email address: Click or tap here to enter text. |

