A close up of a device

Description automatically generatedINDIANA 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.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 Period  1/1/22 – 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. | | | | | |

