A close up of a device

Description automatically generatedINDIANA SUPREME COURT  
OFFICE OF JUDICIAL ADMINISTRATION  
INDIANA OFFICE OF COURT SERVICES  
**COURT REFORM GRANT QUARTERLY 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. | | | | | |
| |  |  | | --- | --- | | Quarterly Report (please select the appropriate report): | 1st Quarter January 1 – March 31 (Due April 15th)  2nd Quarter: April 1 – June 30 (Due July 15th)  3rd Quarter: July 1 – September 30 (Due October 14th)  4th Quarter: October 1 – December 31 (Due January 13th) | | | | | | |
| Report of Expenditures by Budget Category for this Quarter | | | | | |
| Grant Period  1/1/23 – 12/31/23 | **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 | | | | | |
| Describe the project activities during the quarter | | | | | |
| Click or tap here to enter text. | | | | | |
| Describe the progress in terms of achieving objectives of the grant award | | | | | |
| Click or tap here to enter text. | | | | | |
| Describe any problems, delays, or adverse conditions you have experienced. Include a statement of action taken or contemplated, and any assistance needed to resolve the situation | | | | | |
| Click or tap here to enter text. | | | | | |
| Describe the activities scheduled during the next reporting period | | | | | |
| Click or tap here to enter text. | | | | | |
|  | | | | | |
| 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. | | | | | |