

DESIGNATED LEGISLATIVE GRANT FINANCIAL/PROGRESS REPORT

Department of Commerce, Community, and Economic Development, Division of Community and Regional Affairs

Grantee: Voice of the Arctic Inupiat	Grant Number: 22-DC-003
--------------------------------------	-------------------------

Project Title: Voice of the Arctic Inupiat	
--------------------------------------------	--

Report No: 1	Reporting Period: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly	From: 7/1/2021	To: 12/31/2021
--------------	-----------------------------------------------------------------------------------------------------	----------------	----------------

Cost Category	Authorized Budget	Expenditures this Report Period	Total Grant Expenditures to Date	Balance of Grant Funds
Project Funds	\$900,000.00	\$56,184.00	\$56,184.00	\$843,816.00
Administration	\$100,000.00	\$0.00	\$0.00	\$100,000.00
Total This Report	\$1,000,000.00	\$56,184.00	\$56,184.00	\$943,816.00

Current Advance Balance (if any)	\$0.00		
Total Grant Expenditures This Period	\$56,184.00	Total Grant Award	\$1,000,000.00
LESS Advance Recovered This Report (if any)	\$0.00	LESS Total Grant Expenditures to Date	\$56,184.00
NET REIMBURSEMENT TO GRANTEE	\$56,184.00	LESS Unrecovered Advance Balance	\$0.00
Advance Balance Remaining (if any)	\$0.00	TOTAL Grant Funds Remaining	\$943,816.00

Progress Report: Describe activity that supports the expenditures during the period. If no activity has taken place please provide an explanation. Identify any problems you have experienced and or accomplishments this period. Attach additional pages if necessary.

Please see attached document.

Grantee Certification: I certify that the above information is true and correct, and that expenditures have been made for the purpose of, and in accordance with, applicable grant agreement terms and conditions.

John Hopson, Jr.

2/3/2022

Authorized Signature **Date**

John Hopson, Jr. - President

Name and Title

DCCED Staff Use:	
General Accounting Encumbrance No:	0
Payment Amount:	
GA Approval:	
DCCED Signature	Date