

**Quarterly Budget and Expenditure Reporting under CARES Act Sections 18004(a)(1) Institutional Portion, 18004(a)(2), and 18004(a)(3), if applicable**

Institution Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Covering Quarter Ending: \_\_\_\_\_

Total Amount of Funds Awarded: Section (a)(1) Institutional Portion: \_\_\_\_\_ Section (a)(2): \_\_\_\_\_ Section (a)(3): \_\_\_\_\_ Final Report? \_\_\_\_\_

Category	Amount in (a)(1) institutional dollars	Amount in (a)(2) dollars, if applicable	Amount in (a)(3) dollars, if applicable	Explanatory Notes
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**Paperwork Burden Statement**

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