

**DMV TRANSPORTATION SAFETY GRANTS  
TOTAL COST AND MATCHING REPORT**

**Purpose:** Use this form to identify and track the required monetary and/or in-kind services match related to the total project costs.

**Instructions:** Complete all applicable categories in ink or type and sign. This report must be filed quarterly and supporting documentation must accompany this report. Please mail to Grants Management Office, 2300 West Broad Street, Richmond, Va. 23269.

GRANT INFORMATION		
GRANTEE'S NAME		
PROJECT TITLE		
AWARD AMOUNT	PROJECT NUMBER	
PROJECT DIRECTOR'S NAME		
DMV PROJECT MONITOR'S NAME	REPORTING PERIOD (mm/dd/yyyy - mm/dd/yyyy)	RELATED VOUCHER NUMBER

EXPENDITURES			
EXPENDITURE CATEGORY	GRANT FUNDS EXPENDED	ORGANIZATION'S MATCHING DOLLARS	TYPE OF MATCH (cash or in-kind service)
Salaries/Wages			
Fringe Benefits			
Training/Travel			
Contract Costs			
Other Direct Costs			
Equipment			
Indirect Costs (facilities and administrative)			
Media			
Totals			

CERTIFICATION	
I certify and affirm that all information presented in this section is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.	
PROJECT DIRECTOR'S NAME (print)	
PROJECT DIRECTOR'S SIGNATURE	DATE (mm/dd/yyyy)