Navigator Grantee Reporting Form

An authorized representative from each Navigator Grantee organization must complete and submit a Monthly Report, Quarterly Report, and Annual Report to [Navigators@GeorgiaAccess.ga.gov](mailto:Navigators@GeorgiaAccess.ga.gov) for review by Georgia Access Assister Program Staff. Navigator Grantees are required to submit the reports via email by the deadlines outlined for each report.

|  |  |
| --- | --- |
| **Report** | **Deadline\*** |
| Annual Report | October 15, 2025 |

**Annual Report**

*Instructions:* The Navigator Grantee authorized representative must complete this form and provide an electronic or physical signature. A response is required for each field.

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| --- | --- | --- |
| **A. Organization Information** | | |
| **1. Organization Legal Name** |  | |
| **2. Date** |  | |
| **B. Transactions** | | |
| **1. Total State Funds** | | |
| a. Cash Receipts | |  |
| b. Cash Disbursements | |  |
| c. Cash on Hand (a – b) | |  |
| **2. State Funds Expenditures and Unobligated Balance** | | |
| a. Total State funds authorized | |  |
| b. State share of expenditures | |  |
| c. State share of unliquidated obligations | |  |
| d. Total State share (b + c) | |  |
| e. Unobligated balance of State funds (a – d) | |  |
| **3. Recipient Share** | | |
| a. Total recipient share required | |  |
| b. Recipient share of expenditures | |  |
| c. Remaining recipient share to be provided (a – b) | |  |
| **4. Program Income** | | |
| a. Total State share of program income earned | |  |
| b. Program income expended in accordance with the deduction  alternative | |  |
| c. Program income expended in accordance with the addition  alternative | |  |
| **C. Quantitative Metrics** | | |
| **5. Budget Report** | | |
| *Navigator Grantees are required to complete the fields below to specify how grant funds were spent during the year that this report is due.* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Original Budget** | | **Cumulative Expenses** | **Balance** |
| Staffing |  | |  |  |
| Travel |  | |  |  |
| Equipment |  | |  |  |
| Supplies |  | |  |  |
| Consultants |  | |  |  |
| Contractors |  | |  |  |
| Other (describe) |  | |  |  |
| **TOTAL** |  | |  |  |
| **D. Certification & Signature** | | | | |
| By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false,  fictitious, or fraudulent information may subject me to criminal, civil, or administrative  penalties. (U.S. Code, Title 18, Section 1001)*.* | | | | |
| **1. Authorized Representative Name** | |  | | |
| **2. Title** | |  | | |
| **3. Telephone Number** | |  | | |
| **4. Email** | |  | | |
| ***Authorized Representative Signature*** | |  | | |
| ***Date*** | |  | | |