

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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\$ 0	\$ 0	\$ 0
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\$ 0	\$ 0	\$ 0
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	\$ 0	\$ 0
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Paperwork Burden Statement

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