



**DEPARTMENT OF PUBLIC SAFETY  
FINANCIAL REPORT FORM**

<b>1. SUBGRANT NAME</b> FY 14 State Homeland Security Grant P	<b>2. SUBGRANT AWARD NUMBER</b> 02140-74220-111	<b>Report 2</b>
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<b>3. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED.</b>	<b>3a. ORIGINAL DATE</b>	<b>4. MATCH REQUIRED</b> 0%	<input type="checkbox"/> FINAL
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<b>6. FEDERAL TAX ID NUMBER</b> 03-0296061	<b>7. FUNDING/SUBGRANT PERIOD</b> FROM: 5/4/2015 TO: 7/31/2016	<b>8. REPORT PERIOD</b> FROM: 8/1/2015 TO: 12/9/2015
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<b>9. SUBRECIPIENT NAME AND ADDRESS</b> Franklin County Sheriff's Office P.O. Box 367 St. Albans, VT 05478	<b>10. PAYEE (WHERE CHECK IS TO BE SENT IF DIFFERENT FROM 9)</b>
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<b>11. NAME OF CONTACT PERSON</b> Robert W. Norris	<b>12. TELEPHONE NUMBER</b> 802-524-2121	<b>EMAIL</b> robert.norris@state.vt.us
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13A. SUBGRANT BUDGET CATEGORIES	13B. SUBGRANT BUDGET	13C. PRIOR EXPENDITURES	13D. CURRENT PERIOD EXPENDITURES	13E. SUBGRANT BALANCE
<b>PERSONAL SERVICES:</b>				
Salaries and Benefits	0.00			0.00
Contractual	0.00			0.00
<b>Total Personal Services</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>OPERATING EXPENSE:</b>				
Supplies	0.00			0.00
Travel	0.00			0.00
Equipment	14,385.00	10,185.00	673.86	3,526.14
Other	0.00			0.00
Indirect Cost	0.00			0.00
<b>Total Operating Expense</b>	<b>14,385.00</b>	<b>10,185.00</b>	<b>673.86</b>	<b>3,526.14</b>
<b>Total Program</b>	<b>14,385.00</b>	<b>10,185.00</b>	<b>673.86</b>	<b>3,526.14</b>

14A. FINANCIAL REPORT SECTION	14B. BUDGET	14C. PRIOR EXPENDITURES	14D. CURRENT PERIOD EXPENDITURES	14E. BALANCE
Recommended Match (To Meet Match Requirement)			0.00	
Non-Federal Share (Match)	0.00	-		0.00
Federal Share	14,385.00	10,185.00	673.86	3,526.14
<b>GRANT PAYMENT NOW REQUESTED</b>			<b>673.86</b>	

<b>15. CERTIFICATION</b>		
<p>I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subgrant conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, fictitious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001).</p>	<p><b>SIGNATURE OF SUBRECIPIENT AUTHORIZING OFFICIAL</b> </p> <p><b>TYPED OR PRINTED NAME AND TITLE</b> Kristina Lynch, Grant Administrator</p>	<p><b>DATE SUBMITTED</b> 12/9/2015</p> <p><b>TELEPHONE NUMBER</b> 802-524-2121</p>

**DO NOT WRITE IN THIS SECTION. FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY**

The Accounts Payable Office is authorized to process payment to this subgrantee.				
<b>16. DEPARTMENT ID</b> 2140032000	<b>17. CLASS</b> 00001	<b>18. FUND</b> 22005	<b>19. ACCOUNT</b> 550500	<b>20. VENDOR ID/ ADDRESS</b> 40414
<b>DPS Signature Authority Approval:</b>		<b>Comment:</b>		
Date:				
<b>DPS Grants Management Unit Signature:</b>				
Date:				

## Northland Boat Shop, Inc.

P.O. 27, 134 Northland Ln.

North Hero, VT 05474

(802) 372-5452

**Invoice**

FRA01  
 Sheriff Dept. Franklin County  
 PO BX  
 St Albans, VT 05478  
 Tax Permit No MUNCIPLE

Sales Code: BC

Invoice No 7533  
 Invoice Date 11/24/15  
 Work Order No 7603  
 Date In 10/22/15

HOME (802) 524-2124

Unit Information:

Year: 2014 Make: Boston Whlr Model: 240 JUSTICE Length: 24

Motor1:

Make: Opti HP: 200

Job No	Job Description
1	Port motorWinterize 2-Cycle Outboard 140-250hp Fog Engine Change Lower Unit Oil Grease All Zerks Check Spark Plugs Add Fuel Stabilizer ( If Applicable)

**Payable By Customer**

<u>Part No</u>	<u>Make</u>	<u>Dept</u>	<u>Description</u>	<u>Qty</u>	<u>Price Each</u>	<u>Total</u>
JOBPARTS	NS	MS	Winterize 2-Cycle Outboard	1.00	15.99	15.99
858064K01	MERC	P	GEAR LUB HP @6	1.00	0.00	0.00
858071K01	MERC	MP	FUEL SYS TRT@12	1.00	0.00	0.00
8M0060041	MERC	MP	FUEL FILTER	1.00	42.95	42.95
<b>Parts Sub Total</b>						<b>58.94</b>
<u>Code</u>	<u>Tech</u>	<u>Description</u>	<u>Hrs/Qty</u>	<u>Rate</u>	<u>Total</u>	
JOBLABOR	MM	Labor For Winterize 2-Cyc	1.00	115.99	115.99	
<b>Labor Sub Total</b>					<b>115.99</b>	

Job No	Job Description
2	Starboard.Winterize 2-Cycle Outboard 140-250hp Fog Engine Change Lower Unit Oil Grease All Zerks Check Spark Plugs Add Fuel Stabilizer ( If Applicable)

**Payable By Customer**

<u>Part No</u>	<u>Make</u>	<u>Dept</u>	<u>Description</u>	<u>Qty</u>	<u>Price Each</u>	<u>Total</u>
JOBPARTS	NS	MS	Winterize 2-Cycle Outboard	1.00	15.99	15.99
858064K01	MERC	P	GEAR LUB HP @6	1.00	0.00	0.00
858071K01	MERC	MP	FUEL SYS TRT@12	1.00	0.00	0.00
8M0060041	MERC	MP	FUEL FILTER	1.00	42.95	42.95
<b>Parts Sub Total</b>						<b>58.94</b>
<u>Code</u>	<u>Tech</u>	<u>Description</u>	<u>Hrs/Qty</u>	<u>Rate</u>	<u>Total</u>	
JOBLABOR	MM	Labor For Winterize 2-Cyc	1.00	115.99	115.99	
<b>Labor Sub Total</b>					<b>115.99</b>	

Job No	Job Description
3	Shrink wrap

Correction

Took batteries out of binoculars

**Payable By Customer**

<u>Code</u>	<u>Tech</u>	<u>Description</u>	<u>Hrs/Qty</u>	<u>Rate</u>	<u>Total</u>
SHR	MM	Shrink Wrap No Frame Requ	24.00	13.00	312.00
<b>Labor Sub Total</b>					<b>312.00</b>

Invoice Summary

Thank You For Your Business!

Parts Total	117.88
Labor Total	543.98
Shop Supplies	12.00
Grand Total	673.86
Amount Due By Customer	673.86
Balance Due	673.86

Payment appreciated at the time of service or part delivery

Important Credit card information

VISA, MASTERCARD & DISCOVER  
are gladly accepted for payment on charge amounts up to  
one thousand dollars (\$1000.00) without surcharge.

ALL AMOUNTS OVER \$ 1001.00 will incur a 4% surcharge

**Franklin County Sheriff's Office**

**27793**

Northland Boat Shop

Date	Type	Reference
11/24/2015	Bill	7533

Original Amt.
673.86

Balance Due
673.86

12/9/2015

Discount

Payment
673.86
673.86

Check Amount

PAYMENT  
RECORD

PTC Checking Acct

673.86



10065/10065 675509 (7/15)



100651



Rev 2/14



# Vermont Department of Public Safety Subgrant Progress Report

1. Project Number:  
02140-74220-111
2. Project Title:  
FY 14 State Homeland Security Grant Program
3. Project Director:  
Robert W. Norris
4. Agency (Name & Address)  
Franklin County Sheriff's Office  
P.O. Box 367  
St. Albans, VT 05478

5. Report Period Type (Check One):  
Monthly  Quarterly  Other  Annual/Final Report   
Report Period: From: 08/01/15 to 12/09/15

6. Program Summary:

A. Operation

- Not Started  
 In Progress  
 Completed

B. Activity

- On/Ahead Of Schedule  
 Behind Schedule  
 None

C. Grant Amendments Pending/Planned

- None  
 Revision  
 Budget Modifications  
 Time Extension

7. Report narrative:

- A. If project is operational, describe its overall progress to date by each task in the project.  
Weatherization & Shrink Wrap Done.

- B. If your project has not become operational, explain why and estimate when activity will commence.

C. If there are any unanticipated delays, describe what caused the delay and steps being taken to correct conditions.

D. If this is a final report for the project, provide the project evaluation here or  attached.

E. Other Remarks, Comments or Items of Interest

Jay H. Sweeny

Captain



12/09/15

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Project Director's Typed Name

Title

Signature

Date