##

## **FY 2025 ENOUGH LMB Capacity Building Grant**

## **Quarter 3 Financial Narrative Form**

Reporting Period: July 1 - September 30, 2025

**LMB:**

**Instructions:** Use this form to provide a narrative (two pages maximum) to accompany the quarterly financial report. In the space below, **briefly but succinctly describe fiscal progress for the reporting period to include any unspent and/or underspending with the LMB and/or partners.**

***By signing below, we hereby certify that the LMB’s authorized official reviewed and approved this form.* Signatures of the LMB’s authorized official and project director (if applicable) are required. Electronic signatures are acceptable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Title Name and Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Date**

**Submit this form along with the Quarterly financial expenditure report to the GOC Grants and Data Manager,** **tracey.webb@maryland.gov** **and copy the LMB’s ENOUGH Coordinator.**