

Quarterly Budget and Expenditure Reporting for HEERF I, II, and III (a)(1) Institutional Portion, (a)(2), and (a)(3) if applicable

Institution Name California State University Bakersfield

Date of Report 4/9/2021



Form Instructions

Completing the Form On each form, fill out the institution of higher education (IHE or institution) name, the date of the report, the appropriate quarter the report covers (September 30, December 31, March 31, June 30), 11-digit PR/Award Number (number is found in Box 2 of your Grant Award Notification (GAPc 0.00266

understream as applicable the total amount of funds awarded by the Department (f)-5.4 (i)-3.2 (n)-0.7 (c)-5 (l)7.7 (u) and (d) 0.7 (e)-5.9 (s)-4.3 (e)-6 report Institutions that expended HEERF grant funds during the calendar quarter from

needed, and completing and reviewing th