

Hawarden

COMMUNITY FOUNDATION

An affiliate of the Siouxland Community Foundation

GRANT EXPENDITURE REPORT

APPLICANT: (Name, address)		FISCAL SPONSOR ORGANIZATION: (if applicable)	
AMOUNT OF GRANT:	NUMBER SERVED BY PROJECT:	PROJECT COMPLETION DATE:	
DESCRIPTION OF ACTIVITIES:			
ACCOMPLISHMENTS RESULTING FROM GRANT FUNDS: (Attach newspaper articles, photos, etc. if available. Digital photos should be emailed to address below.)			
REPORT ON GRANT FUNDS: (Attach copies of receipts as applicable if not already submitted with grant payment request)			
Description of Expenditures	Amount		
_____	\$ _____	Grant Award	\$ _____
_____	\$ _____	Less Total Spent	\$ _____
_____	\$ _____	Balance Not Spent	\$ _____ *
_____	\$ _____	* Call (712) 293-3303 to determine if a refund is due.	
_____	\$ _____		
_____	\$ _____		
TOTAL SPENT	\$ _____		
CERTIFICATION: These funds were expended for the purpose of the grant as described above.			
_____	_____	_____	_____
Applicant - Authorized Signature/Title	Typed/Printed Name & Title		Date
_____	_____	_____	_____
Fiscal Sponsor Organization - Authorized Signature/Title (if applicable)	Typed/Printed Name & Title		Date

Return to:
HCF Administrative Office • c/o 505 Fifth Street, Suite 412 • Sioux City, IA 51101 • 712-293-3303
office@siouxlandcommunityfoundation.org