



Monona County

COMMUNITY PARTNERS FOUNDATION

An affiliate of the Siouxland Community Foundation

GRANT EXPENDITURE REPORT

APPLICANT: (Name, address)		FISCAL SPONSOR ORGANIZATION: (if applicable)
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AMOUNT OF GRANT:	NUMBER SERVED BY PROJECT:	PROJECT COMPLETION DATE:
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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