



Sioux County

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.)																																							
<p>REPORT ON GRANT FUNDS: (Attach copies of receipts as applicable if not already submitted with grant payment request)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Description of Expenditures</th> <th style="width: 20%;">Amount</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td>Grant Award</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td>Less Total Spent</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td>Balance Not Spent</td> <td style="text-align: right;">\$ _____ *</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td colspan="2" style="text-align: center;">* Call (712) 293-3303 to determine if a refund is due.</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL SPENT</td> <td style="text-align: right;">\$ _____</td> <td></td> <td></td> </tr> </tbody> </table>				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	\$ _____		
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<p>CERTIFICATION: These funds were expended for the purpose of the grant as described above.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-top: 1px solid black; border-bottom: 1px solid black;">Applicant - Authorized Signature/Title</td> <td style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black;">Typed/Printed Name & Title</td> <td style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Fiscal Sponsor Organization - Authorized Signature/Title (if applicable)</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Typed/Printed Name & Title</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>				Applicant - Authorized Signature/Title	Typed/Printed Name & Title	Date	Fiscal Sponsor Organization - Authorized Signature/Title (if applicable)	Typed/Printed Name & Title	Date																														
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