



GRANT EXPENDITURE REPORT

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

PLEASE ANSWER THE FOLLOWING QUESTIONS CLEARLY AND CONCISELY ON A SEPARATE SHEET AND ATTACH TO THIS FORM.

1. Give a brief description of the project, including goals and objectives.
2. What underlying problem did the project address? What impact did the grant have on the problem?
3. What were your organization’s achievements as they relate to the goals and objectives of the project? Any unexpected setbacks or outcomes? *(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*	\$ _____
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
TOTAL SPENT	\$ _____		

*** Call 712-293-3303 for procedure regarding any balance not spent.**

CERTIFICATION: These funds were expended for the purpose of the grant as described above.

Applicant - Authorized Signature	Typed/Printed Name & Title	Date
Fiscal Sponsor Organization - Authorized Signature (if applicable)	Typed/Printed Name & Title	Date

Grant Expenditure Report form, receipts and documentation can be emailed or mailed:
office@siouxlandcommunityfoundation.org
Hawarden Community Foundation c/o Siouxland Community Foundation • 505 Fifth Street, Suite 412 • Sioux City, IA 51101