District 6360 DDF GRANT FINAL REPORT ADDENDUM-Financial Summary Report

CLU	JB NAME:			
DA	TE:			
NA	NAME OF PERSON COMPLETING THE REPORT:			
EM	EMAIL/PHONE:			
1.	Total Amount of Income from all Sources*: \$ (Itemize below) If the total amount of income from sources other than the DDF grant does <u>not</u> equal the total amount originally stated on the Grant Application, provide a specific explanation of the reason(s).			
2.	List of all Grant Expenditures, date and amount:			

SERVICE/PRODUCT PURCHASED or PAYEE	DATE	AMOUNT
		\$
	TOTAL	\$
	EXPENSES*	'

^{*}The total amount of Income must equal the total amount of Expenses. These numbers should also match the final Budget on the DACdb grant record for the project.

3. Please describe briefly any additional information that is needed to support the above information.

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE GRANT FINAL REPORT. The Final Report is due 30 days after completion of the project OR no later than May 31. A separate sheet may be used if additional space is needed.