

Delburne Community Support Grant

ACCOUNTING OF GRANT FUNDS

Date: _____
 Recipient Organization: _____
 Address: _____

Grant Funds received	_____
Other Sources of Revenues (fees, fundraisers, other grants)	_____
_____	_____
_____	_____
_____	_____
Total	_____ A

Grant Funds Used: Attach copies of Receipts

Description of Expense	Budget	Actual
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	=====	_____ B
Net Surplus: (A - B) (Enter 0 if negative)		=====

I hereby certify that the above listed transactions meet all granting criteria of the Delburne Community Support Grant as outlined in the "Funding Guidelines Policy".

_____ Director
 _____ Director

Note: Please attach copies of all invoices.
 If insufficient space on this page for listing of Grant Funds used, attach a schedule outlining the same information.
 This form must be remitted to the Village of Delburne, Box 341, Delburne, AB T0M 0V0. No additional grants will be approved until previous funding has been accounted for.