Delburne Community Support Grant
ACCOUNTING OF GRANT FUNDS

Recipient Organization: _____

Mailing Address: _____

Grant Funds Received – Year _____ Amount _____ **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 (print name) _____

(signature)_____ Date_____

Note:

Please attach copies of all invoices.

If there is insufficient space on this page for listing Grant Funds used, attach a schedule outlining the same information.

This form must be submitted to the Village of Delburne, Box 341, Delburne, AB T0M 0V0. No additional grants will be approved until previous funding has been accounted for.