

GRANT INFORMATION SHEET

CFDA Number: _____ Contract Number: _____

Title: _____

Passed-through: _____

Program Manager: _____

Fiscal Manager: _____

Granting Period: _____

The grant is received as an advance _____ or on a reimbursement basis _____.

When the cash is received the following revenue account is used: _____.

Program Expenditure Summary:

Payroll	\$	_____
Benefits		_____
Other than Personal Services (OTPS)		_____
Equipment		_____
Beneficiary Payments		_____
Loan Payments		_____
Subrecipient Payments		_____
Indirect Costs		_____
Total	\$	_____

	<u>Attached</u>	<u>N/A</u>
Grant Award	_____	_____
Grant Agreement	_____	_____
Claim Forms	_____	_____

I have reviewed this document and verified the information on this document is correct and the attached documents are copies of the original document received from or submitted to the funding agency.

Signed: _____ Date: _____

Title: _____