

Final Financial Report

Program Name: _____ Grant #: _____

Sponsoring Organization: _____

Project Director: _____

BUDGET

	SDHC grant	Cash	In-Kind	TOTAL
Scholars				
Other Personnel				
Travel				
Telephone				
Office Supplies				
Printing/ Adv.				
Postage				
Facilities Rental				
Equip. Rental				
Evaluation				
Other				
Program Director				
Fiscal Agent				
TOTAL				

ACTUAL

	SDHC grant	Cash	In-Kind	TOTAL
Scholars				
Other Personnel				
Travel				
Telephone				
Office Supplies				
Printing/ Adv.				
Postage				
Facilities Rental				
Equip. Rental				
Evaluation				
Other				
Program Director				
Fiscal Agent				
TOTAL				

Amount provided by SDHC: \$ _____

Amount spent in "SDHC grant" column: \$ _____

Difference: \$ _____

If the difference is in SDHC's favor, please attach a check with this report. If the difference is in your favor, we will review your financial materials and, if required, pay the difference to your fiscal agent within one month of receiving this report.

We certify that the above information is true and correct, and that all expenditures were incurred solely for purposes of this grant, during the grant period, and in accordance with the agreed guidelines and provisions of the award.

Fiscal Agent

Signature _____

Date _____

Program Director

Signature _____

Date _____