

Applicant Name: _____

Grant #: _____

Grant Period: _____

Show all your actual revenue and expenditures for your grant period

IAC GRANT AMOUNT AWARDED _____
IAC GRANT AMOUNT SPENT _____

INCOME	AMOUNT
IAC Grant Amount Awarded	_____
Other Government Grants (Federal, State, Local)	_____
Private Foundation / Corporate Support	_____
Individual Donations	_____
Earned Income	_____
Other Income	_____
Total Income	_____

EXPENSES	AMOUNT
Salaries / Wages	_____
Contractual Services	_____
Office / Administrative Expenses	_____
Travel / Lodging	_____
Program Expenses	_____
Other Expenses	_____
Total Expenses	-

ADDITIONAL FINANCIAL DATA	AMOUNT
Net Cash Operating Gain/Loss	_____ -

DEFICIT EXPLANATION - if your total income is less than your total expenses, you must provide a detailed explanation in Salesforce of how this deficit occurred and your plans on how you are addressing this issue.

Total In-Kind _____