**FINANCIAL REPORT**

|  |  |
| --- | --- |
| School: |  |
| Project Title: |  |

Please ensure that this financial report matches the budget outlined in your Grant Agreement and shows that the grant awarded is no more than 70% of the Total Revenues AND no more than the Total Eligible Expenses. The school may be required to return funds that do not meet these requirements.

|  |  |
| --- | --- |
| **Expenses** |  |
| **Eligible Expenses** |  |
| List all expenses that are **eligible** for AIC funding | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| TOTAL ELIGIBLE EXPENSES | **$** |
| **Other Project Expenses** |  |
| List all project expenses that are **ineligible** for AIC funding but will be covered by the community contribution | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| TOTAL OTHER EXPENSES | **$** |
| **TOTAL EXPENSES** | **$** |
| Total Expenses must equal Total Revenues |
|  |  |
| **Revenues** |  |
| AIC Grant (amount awarded) | $ |
| List Sources of Community Contribution: | |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL REVENUES** | **$** |
| Total Expenses must equal Total Revenues |

I declare that, to the best of my knowledge, all information contained in this financial report is complete and true in every respect.

X

Principal Signature Date

\* Typing your full name above is equivalent to a signed declaration that you are fully accountable for the above budget.