



# CHWB GRANT APPLICATION PACKAGE

## Funding Report

Please complete this funding report. Should you need any assistance, please contact CHWB Grant administrators (staff) at 867-634-4200 Ext. 231.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Activity or Purchase date: \_\_\_\_\_

Please describe the activity or equipment you purchased with the CHWB Grant (registration fees, equipment purchases, supplies, travel costs, etc.) and attach all receipts.

\_\_\_\_\_  
\_\_\_\_\_

### Detailed Reporting:

Registration Fees:	\$ _____
Travel or Fuel Expenses:	\$ _____
Equipment Purchases:	\$ _____
Supplies Purchases:	\$ _____
Total Expenses:	\$ _____

### For department use:

All criteria have been met for final funding and project approval? Original Receipts are received?

YES  NO

### Further comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_