**Schedule of Receipts and Expenditures**

**$25,000 or up to $500,000**

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| Each grantee receiving at least $25,000 should complete the basic information requested here relative to the organization, as well as the accounting for State funds received, used or expended. |

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| 1. **Organization:** |  |
| Organization Name: |  |
| Tax Identification #: |  |
| Organization Fiscal Year End: (mm/dd/yyyy) |  |
| Mailing Address  (street, city, state, zip code): |  |
| Phone Number  (area code + number): |  |
| Fax Number  (area code + number): |  |
| Contact Person: |  |
| Contact Person Title: |  |
| E-Mail Address: |  |

|  |  |  |  |
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| 1. **Receipts** | | | |
| **Funding State Agency** | **Grant Title** | | **Total Receipts** |
|  |  | |  |
| 1. **Expenditures** | | | |
| **Category** | | **Dollar Amount** | |
| Personnel | |  | |
| Contracted Services | |  | |
| **(a)Total Personnel/Contracted Service Costs:** | |  | |
| Office Supplies & Materials | |  | |
| Service Related Supplies | |  | |
| **(b)Total Supplies & Material Costs:** | |  | |
| Travel | |  | |
| Communications & Postage | |  | |
| Utilities | |  | |
| Printing & Binding | |  | |
| Repair & Maintenance | |  | |
| Meeting/Conference Expense | |  | |
| Employee Training (no travel) | |  | |
| Classified Advertising | |  | |
| In-State Board Meeting Expenses | |  | |
| **(c)Total Non-Fixed Operating Expense:** | |  | |
| Office Rent (Land, Buildings, etc.) | |  | |
| Furniture Rental | |  | |
| Equipment Rental (Phones, Computers, etc.) | |  | |
| Vehicle Rental | |  | |
| Dues & Subscriptions | |  | |
| Insurance & Bonding | |  | |
| Books/Library Reference Materials | |  | |
| Mortgage Principal, Interest and Bank Fees | |  | |
| **(d)Total Fixed Charges & Other Expenses:** | |  | |
| Buildings & Improvements | |  | |
| Leasehold Improvements | |  | |
| Furniture/Non-Computer Equip., $500+ per item | |  | |
| Computer Equipment/Printers, $500+ per item | |  | |
| Furniture/Equip., under $500 per item | |  | |
| **(e)Total Property & Equipment Outlay:** | |  | |
| Purchase of Services | |  | |
| Contracts with Service Providers | |  | |
| Stipends/Scholarships/Bonuses/Grants | |  | |
| **(f)Total Services/Contracts:** | |  | |
| Food | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| Other (provide description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| **(g)Total Other Expenses:** | |  | |
| **Total Expenditures (sum a through g)** | |  | |

**Unexpended cash balance (do NOT** **use with reimbursement grants)**

|  |  |
| --- | --- |
| Beginning of the year cash balance |  |
| End of the year cash balance |  |

**NOTE:**  If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is $500,000 or more, an audit is required *by G.S. 143C-6-23.*

If there are any questions, please contact the State agency that administered your grant funds.