



This information should be completed and submitted by each grantee receiving less than \$25,000 in total state grant funds.

Date: _____
Page 1 of 3

Project Name / Location: _____
 Rail Fiscal Number: _____ WBS: _____
 Contractor: _____
 Railroad Contact: _____
 Grant Period: _____

State Grants Compliance Reporting < \$25,000

Each grantee receiving at least \$1 but less than \$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, and a description of activities and accomplishments undertaken by the grantee with the State funds.

| 1. Organization: | |
|---|--|
| Organization Name: | |
| Tax Identification #: | |
| Organization Fiscal Year End: (mmddyyyy) | |
| 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: | |

| 2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING] | Employee | CPA/Accountant |
|---|----------|----------------|
| Name of Preparer: | | |
| Phone Number: | | |

| 3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED] | |
|--|--------------------|
| Name of Board Member | Board Member Title |
| | |
| | |
| | |
| | |



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| Category | Dollar Amount |
|---|---------------|
| Salary/Wages/Benefits | |
| Contracted Services | |
| Supplies and Materials | |
| Travel (example employee mileage, meals, hotel) | |
| Communication Costs (example telephone, postage, freight) | |
| Occupancy Costs (example rent, utilities, repair and maintenance) | |
| Advertising and Promotions | |
| Insurance and Bonding | |
| Capital Outlay (example furniture/equipment, data processing) | |
| Grants and Contracts | |
| Fundraising | |
| Other (provide description here): _____ | |
| Total Expenditures | |

Unexpended cash balance (do NOT use with reimbursement grants)

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

9. Program Activities and Accomplishments:

In compliance with the requirements of G.S. 143C-6-23, *Use of State funds by non-State entities*, the following is a description of activities and accomplishments undertaken by our organization using the provided state funding.

| Original Goals | Brief Narrative of Program Accomplishments |
|----------------|--|
| | |