

**CT. Humanities Council
955 South Main Street
Middletown, CT 06457**

Cultural Heritage Development Fund - Implementation

CHC - 1

Interim / Final (circle one) Expenditures Report

Grantee: _____

Grant Period
From: _____

Address: _____

To: _____

Grant # _____

Date: _____

Budget Category	Matching Award (from contract)	Expenditures	
		Total Council Funds (pg. 2)	Total Cost - Share (pg. 3)
A. Personnel			
B. Travel			
C. Supplies			
D. Rental			
E. Postage			
F. Telephone			
G. Printing			
H. Promotion			
I. Evaluation *			
J. Other			
TOTAL:	\$ -	\$ -	\$ -

Pymt's Rec'd to Date: _____

Cash Request Amount: _____

CERTIFICATION: We certify that the foregoing information is true and correct and that all expenditures were incurred solely for the purposes of the above numbered grant, during the grant period, and in accordance with the agreed conditions of the award.

Fiscal Agent: _____

Date: _____

Project Director: _____

Council Approval: _____

Revenue Report

Grantee _____

Grant # _____

List below each cash gift received from outside sources in support of your grant.

Donor / Organization	Project Gifts	Council Matching Funds	Total Gift & Match
Totals	\$	\$	\$

* For all Cash Gifts, please attach a copy of the check and gift letter.

Expenditures

Budget Category	Project Gifts	CHC Matching Funds	Total Gifts & Match
A. Personnel			
B. Travel			
C. Supplies			
D. Rental			
E. Postage			
F. Telephone			
G. Printing			
H. Promotion			
I. Evaluation			
J. Other			
Total	\$	\$	\$