



Lead Applicant: _____

Participating Staff: _____

Work phone number: _____

Date: _____

**EDUCATOR INCENTIVE GRANT
PROPOSED BUDGET & RECONCILIATION FORM
2019-20**

To all 2019-20 Educator Incentive Grant Applicants:

Please fill out this budget work sheet and upload with your grant application. Should you receive a grant, this form will be returned to you to reconcile your expenses.

Item	Project Cost	Actual Cost Upon Completion
NAME and DATE of Workshop/Training/Seminar:		
Transportation:		
Airfare		
Train		
Bus		
Personal Vehicle Mileage		
Lodging		
Meals		
Tours, etc.		
Parking		
Airport Shuttle		
Materials: (please list)		
Other:		
Total		

Project Total: _____

Less Grant Award*: - _____

Less District Match*: - _____

Less Other Funding Sources*: - _____

Personal Contribution: = _____

* See table below

Grant	Grant Award	District Match
Educator Incentive Grant	\$1000.00	\$250.00

Please attach copies of receipts, purchase orders, or requisitions to the completed form and turn it in to your district office within two weeks of the completion of your project or no later than May 1, 2021. Please mail/email a copy of the completed reconciliation form only to:

- Kalamazoo Community Foundation, Laura Galaviz, 402 East Michigan Avenue, Kalamazoo, MI 49007
or email: LGalaviz@kalfound.org