



Submitted by

Work phone number

Date

**EDUCATOR INCENTIVE GRANT
PROPOSED BUDGET & RECONCILIATION FORM
2016-17**

To all 2016-17 Educator Incentive Grant Applicants:

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

Item	Projected Cost	Actual Cost Upon Completion
Workshop/Training/Seminar: _____		
Date of Workshop/Training/Seminar (mm/dd/yyyy): _____		
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 Award	District Match
Multi-Educator / Building-Wide	\$1000.00	\$250.00
District-Wide / Multi-District / School Cluster	\$1500.00	\$375.00

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, 2018. **Please mail/email a copy of the completed reconciliation form only to:**

Kalamazoo Community Foundation, Nancy Timmons, 402 East Michigan Avenue, Kalamazoo, MI 49007

Email: ntimmons@kalfound.org

Thank you for your attention to this detail.