



Lead Applicant: \_\_\_\_\_

Participating Staff: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Date: \_\_\_\_\_

**EDUCATOR INCENTIVE GRANT  
PROPOSED BUDGET & RECONCILIATION FORM  
2024-2025**

To all 2024-2025 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
<b>NAME and DATE of Workshop/Training/Seminar:</b>		
Transportation:		
Airfare		
Train		
Bus		
Personal Vehicle Mileage		
Lodging		
Meals		
Tours, etc.		
Parking		
Airport Shuttle		
Materials: (please list)		
Other:		
<b>Total</b>		

**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	\$1500.00	\$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, 2026. Please mail/ email a copy of the completed reconciliation form only to:

- Kalamazoo Community Foundation, Meredith Bradford, 402 East Michigan Avenue, Kalamazoo, MI 49007 or email: mbradford@kzcf.org