|  |
| --- |
| Summit Endowment - HP 2030 Priority Grant Level I AwardFinancial Report Organization: Click here to enter text. Project: ­­­­­­­­­­­­­­­ Click here to enter text. Date: Click here to enter text. |
| Items | ***Please enter the amounts from your approved budget worksheet into these columns*** | **Summit Endowment Funds Spent YTD** | **Other Funds Spent YTD** |
| **Description of Items** | **Total Budget** | **Approved Summit Endowment Budget** |
| Personnel (include salary & benefits where appropriate) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Materials |  |  |  |  |  |
| Program Supplies |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Office Supplies |  |  |  |  |  |
| Advertising/Marketing |  |  |  |  |  |
| Training |  |  |  |  |  |
| Consultant Fees |  |  |  |  |  |
| Professional Services |  |  |  |  |  |
| Incentives |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Capitol Expenses($1,000 or greater) |  |  |  |  |  |
| Overhead |  |  |  |  |  |
| Facility |  |  |  |  |  |
| Utilities |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL |  | $ | $ | $ | $ |