|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Summit Endowment - HP 2030 Priority Grant Level I Award  Financial 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 |  | $ | $ | $ | $ |