

American Recovery and Reinvestment Act (ARRA)

Federal Program Title:

CFDA Number:

Grant Award Amount:

Award Date*:

Existing Program:

Yes No

Purpose/Project for the Funds:

REVENUES

Date:

Amount Received:

Pay-In #:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPENDITURES

Date:

Amount:

Vendor Name:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department:

Name:

Phone Number:

*** Please attach award letter and agreement.**