

**Innovative Teaching Grant Program  
FINANCIAL REPORT – DUE JUNE 1**

Grant Title: \_\_\_\_\_

Campus: \_\_\_\_\_

Principal/Director: \_\_\_\_\_

Project Year: \_\_\_\_\_ Amount of Grant: \_\_\_\_\_

Grant Expenditures:

<u>PO#</u>	<u>Vendor</u>	<u>Amount</u>	<u>Purpose</u>

Total Expenditures:           \$ \_\_\_\_\_

Unexpended Grant Funds:   \$ \_\_\_\_\_ (Revenue less Expenditures)

The above stated information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Grant Recipient Signature

\_\_\_\_\_  
Date

This section to be completed by the HOPE Board of Directors.

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

\_\_\_\_\_