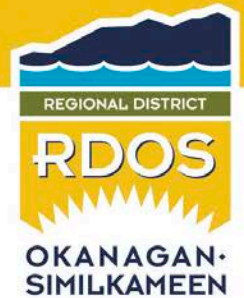


101 Martin Street, Penticton, British Columbia V2A 5J9

Tel: 250.492.0237 Fax: 250.492.0063

Toll Free: 877.610.3737

Email: info@rdos.bc.ca



REGIONAL GRANT IN AID REPORTING REQUIREMENTS

Grant recipients must provide the following information **within 12 months of receipt of funding**:

Grant Recipient Name: _____

Grant Amount Received: _____

Year Grant Received: _____

Documents to be included

- A brief written report detailing how the grant funds were spent
- Actual expenditures report (see attached)
- Copies of invoices related to the use of grant funds

I, the undersigned, verify that all information included in this report is complete and accurate.

| | |
|---------------------|-------|
| SIGNATURE | DATE |
| NAME (PLEASE PRINT) | TITLE |

| RDOS REGIONAL GRANT IN AID <u>ACTUAL EXPENDITURE REPORT</u> | |
|--|--|
| Organization Name: | |
| Year Grant Received | |
| Amount of Grant Received | |
| REVENUE | |
| Grants (provide Names of grantors) | |
| from Government | |
| from Foundations | |
| from Corporations | |
| Earned Income (ie interest) | |
| Individual contributions. | |
| Fundraising events and product sales. | |
| Membership income | |
| Additional revenue (please specify) | |
| | |
| | |
| TOTAL INCOME | |
| | |
| | |
| EXPENSES | |
| Salaries and wages | |
| Consultant and professional fees (e.g. accounting, legal, etc.) | |
| Travel | |
| Equipment | |
| Supplies | |
| Advertising and printing | |
| Rent | |
| Utilities (ie electric, gas, telephone, cable) | |
| Other expenses (please specify) | |
| | |
| | |
| TOTAL EXPENSES | |
| | |
| | |
| IN KIND SUPPORT (PLEASE PROVIDE DETAILS) | |
| | |
| | |