

**Illinois Community College Board
Adult Education Bridge Grant
GRANT CLOSE OUT FORM**

Grant Name: _____

Requested Budget Amount: _____

Grant Period: _____

Name of Community College(s): _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

Name of Adult Education Provider(s): _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

Fiscal Agent: _____

Contact Person: _____

Address: _____

Phone Number: _____

E-Mail: _____

FINAL EXPENDITURE REPORT

Total Grant Amount: _____

Interest Earned: _____

Amount Returned: _____

Expenditures:

Category	Amount Planned	Actual Amount Expended
Staff Salaries		
Staff Benefits		
Contractual		
Travel		
Training Support Services		
Training		
General Materials Supplies		
Marketing		
Capital Outlay		
Indirect Costs (must be < 5% of total grant amount)		
Other (Specify):		
Total		

I attest that the information provided above is true and accurate and all documentation is on file.

Signature: _____ Date: _____