

Creative Placemaking Grant Final Financial Report of Expenditures

Instructions:

- This report **must be submitted within 30 days after your project/program ends.**
- Expenditures must be as documented on your Revised Budget Form submitted to the TAC.
- Expenditures must include the **amount of the grant award plus the grantee's matching cash funds.**

Submit one (1) copy of this report with your final Request for Funds Form and your Grant Evaluation Form.

TAC grantees submit to: Tennessee Arts Commission, 401 Charlotte Avenue, Nashville, TN 37243-0780

Date: _____ Tracking/Application #: _____

Contractor Name (Organization) _____

Expenses

EXPENSE OBJECT LINE-ITEM CATEGORY	GRANT CONTRACT	GRANTEE MATCH	TOTAL PROJECT
Salaries, Benefits & Taxes			
Professional Fee, Grant & Award			
Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications			
Travel, Conferences & Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Cost			
In-Kind Expense			
Grantee Match			
GRAND TOTAL			

Income: Match income for awarded TAC grant only.

	Applicant Cash Match Income	
10. Admissions:	_____	
11. Contracted Services:	_____	
12. Other:	_____	
Contributions		
13. Corporate:	_____	
14. Foundation:	_____	
15. Other Private:	_____	
Government		
16. Federal:	_____	
17. State/Regional:	_____	
18. City/County:	_____	
19. Existing Funds:	_____	
20. Total Cash Match Income:	_____	
(must equal Total Cash Match Spent)		
20a. In-kind Contributions		
(do not use as match):		_____
21. Total TAC Grant Funds Spent:	_____	
(No. 9, Middle Column)		
22. Total Cash Income:	_____	
(No. 20 + No. 21)		

Itemized Expenditures Sheet

- Itemize list of all payments from Tennessee Arts Commission funds and grantee's cash match.
- All expenditures listed must be within the term of the grant contract.
- **List payment in expense categories as reported, and in accordance with the Revised Budget Form.**
- Additional copies of this page may be added if necessary, (Download another copy of this form and only fill out this page. **Put the previous page total on the first line.**)
- For payments other than check or voucher, list an identifier (# or words) so an auditor could find it easily in your accounting records.

Category/Purpose (Choose from the Dropdown)	Payee	Check or Voucher#	Date	Amount
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Total Cash Paid Out:

Certification:

We certify that the above financial report of the above referenced grant contract, supportive material and evaluations are true and correct and that all expenditures were incurred solely for the purpose of the contract.

Chief Authorizing Official (Chair or President of the Board)

Signature: _____

Name: _____ Title: _____

Date: _____

Project Director

Signature: _____

Name: _____ Title: _____

Date: _____