



Submitted by \_\_\_\_\_

Work phone number \_\_\_\_\_

Date \_\_\_\_\_

**EDUCATOR INCENTIVE GRANT  
PROPOSED BUDGET & RECONCILIATION FORM  
2015-16**

To all 2015-16 Educator Incentive Grant Applicants:

Please fill out this budget work sheet and return with your grant application. Should you receive a grant, this form will be returned to you to reconcile your expenses.

Item	Projected Cost	Actual Cost Upon Completion
Workshop/Training/Seminar		
Transportation:		
Airfare		
Train		
Bus		
Personal Vehicle Mileage		
Lodging		
Meals		
Tours, etc.		
Parking		
Airport Shuttle		
Materials (please list)		
Other		
<b>TOTAL</b>		

**PROJECT TOTAL**

* Less Grant Award	-	_____
* Less District Match	-	_____
* Less Other Funding Sources	-	_____

**Personal Contribution** = \_\_\_\_\_

\* See Table Below

	Grant Award	District Match
Individual Teacher / Administrator	\$550.00	\$137.50
Multi-Educator / Building-Wide	\$1000.00	\$250.00
District-Wide / Multi-District / School Cluster	\$1500.00	\$375.00

Please attach copies of receipts, purchase orders, or requisitions to the completed form and turn it in to **your district office** within two weeks of the completion of your project or no later than May 1, 2017. **Please mail/email a copy of the completed reconciliation form only to:**

Kalamazoo Community Foundation, Nancy Timmons, 402 East Michigan Avenue, Kalamazoo, MI 49007

Email: [ntimmons@kalfound.org](mailto:ntimmons@kalfound.org)

Thank you for your attention to this detail.