

**Statement of Grant Expenditures - Explanations**

**Organization Name:**

**Reporting Period:**

**A. Personnel:**

**B. Fringe Benefits:**

**C. Travel:**

**D. Equipment:**

**E. Supplies:**

**F. Contractual:**

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**Organization Name:**

**Reporting Period:**

**G. Construction:**

Not applicable.

**H. Other Expenses:**

**J. Indirect Costs:**

**Matching Funds:**