

**OACHE Access Project Grants
Annual Program Report
Fiscal Year 2008-09**

Year-End Report
(due 6/15/2009)

Part 1: Fiscal Information

Name of Grantee School: _____

Mailing Address: _____

Coordinator Name: _____ Title: _____

Phone: _____ Email: _____

a) **Grant Award in Fiscal Year 2008-09 (include any carryover)**.....

\$ _____

b) **Expenditures to date** *(use additional sheet if necessary):*

Category	Amount Budgeted	Amount Spent	Balance
1) _____	\$ _____	\$ _____	\$ _____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

TOTALS

\$ _____	\$ _____
Total Expenditures	Balance of Unexpended Funds

c) **Amount to be returned to OACHE** *(balance of unexpended funds from above)*.....

\$ _____

d) **List match of dollars or in-kind services below** *(as required in "Terms of Award," item 4):*

I certify that the above information is correct, to the best of my knowledge. If any errors are subsequently discovered, they will be reported promptly to the OACHE.

Signature of Treasurer	Email address	Date
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