



Grant Agreement #: CG-2223-		Invoice #:	FI\$Cal PO#:
Grantee Name:		Date:	
Remit to Name:			
Remit to Address:			

PERSONNEL COSTS	Expenditure
1. Personnel	
2. Fringe	
Personnel Total	
OTHER COSTS	
3. Travel	
4. Supplies	
5. Other Direct Costs	
6. Contractors/Consultants	
7. Stipends	
8. Cash Incentives	
Other Sub-Total	
Direct Cost Total	
Direct Cost Total, Excluding Incentives	
9. Indirect Costs	
10. Total Partner Costs	
Total Costs	

CalGROWS Grantee Certification	
<i>I hereby certify to the best of my knowledge and belief that the Closeout is accurate, current, and discloses the financial results of each project or program funded by this grantee with CalGROWS funds. Your signature below further certifies that you have not exceeded the executive hours specified in your approved line-item budget.</i>	
Signature of Grantee:	Title
Printed Name:	Date

FOR STATE USE ONLY	
CDA Approval	Date