**ATTACHMENT A**

**Michigan 4-H County Innovative Mini-Grant Expense Form**

**(Accountability Funding)**

Please complete this form to document the expenses covered by funding related to your County Mini-Grant. We must receive it no later than **the due date listed in your award letter**. Mail it with original receipts/proof of payments to **Holly A. Lacina, Michigan State University Extension, 160 Agriculture Hall, East Lansing, MI 48824.** Questions: Call Holly at (517) 432-6567. **This form must be submitted before we will process reimbursement of expenses for any remaining portion of the grant. Any portion of startup money not expended must be returned with this form. All reimbursements will be made to the County**

Name:

County:

Funding Period: Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending \_\_\_\_\_\_\_\_\_\_

| Description of Purchase, Service, etc. | Amount of Purchase | Receipt Attached (Check here) |
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| **TOTAL OF PROJECT EXPENSES** |  |  |

**ATTACHMENT B**

**MICHGIAN 4-H COUNTY INNOVATIVE MINI-GRANT FINAL PAYMENT WORKSHEET**

(Instructions for figuring final payment amount)

|  |  |  |
| --- | --- | --- |
| A | PROJECT AWARD START UP FUNDS RECEIVED  **(HALF OF TOTAL PROJECT AWARD):** |  |
| B | TOTAL PROJECT EXPENSES |  |
| C | ***If line B is less than line A, enter that amount on line D (remaining startup funds) are to be returned to the State 4-H Office with this report.***  ***If line B is greater than line A, enter that amount on line E. These expenses will be reimbursed from the remaining Project Award Total (the second half of startup funds).*** |  |
| D | AMOUNT TO BE RETURNED TO STATE OFFICE  **(IF LINE B LESS THAN LINE A ENTER AMOUNT HERE).** |  |
| E | BALANCE REMAINING OF TOTAL PROJECT EXPENSES:  **(IF LINE B IS GREATER THAN LINE A ENTER AMOUNT HERE).** |  |
| F | BALANCE OF PROJECT AWARD **(SECOND HALF OF PROJECT AWARD)** |  |
| G | ***If line E is less than line F, County will be paid full amount of line E and any remaining amount of the Project Award will be forfeited.***  ***If line E is greater than line F, the amount on line F will be paid to the county and the remainder of the project expenses will be covered by the County.*** |  |
| H | BALANCE TO BE PAID TO COUNTY:  **(ENTER THE LESSER AMOUNT FROM LINE E OR LINE F HERE)** |  |

**MAKE CHECK PAYABLE TO (COUNTY NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Reports and receipts must be received by the State 4-H office no later than the due date listed in your award letter.**

Send them to: Holly A. Lacina, 160 Agriculture Hall, Michigan State University, East Lansing, MI 48824.