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**School Startup Grant Recipients**

**Financial and Narrative Report Form**

Grant #:

School Name:

Previous School Name (if applicable):

Address:

City: State: Zip:

Contact: Title/Position:

Phone: Email:

Date of Grant:

Amount of Grant:

Month/Year School Opened: \_\_\_\_\_\_ Current School Year Total Enrollment:

**I. Use of Grant Funds**

Please provide a brief accounting of how your grant has been expended. Please also indicate how you intended to disburse any unexpended funds:

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| --- | --- | --- | --- |
| **Item** | **Amount Approved** | **Amount Expended** | **Purpose**  |
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| **Expended Funds** **Subtotal** |  |  | If applicable |
|  |  |
| **Item** | **Amount Approved** | **Amount to be Expended** | **Purpose** |
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| **Unexpended Funds** **Subtotal** |  |  | If applicable |
| **Total** |  |  |  |

**I hereby certify that the above and attached statements are true and accurate:**

**Board Member Signature Date**

**Please return all pages via e-mail:**

**The Walton Family Foundation, Inc.**

**E-Mail:** **EdReform@wffmail.com**