Stewardship Challenge Grant

Amount Budgeted versus Amount Raised and Matched versus Actual Expenditures

Organization Name: *Fill in here*

Grant Request ID#:

Date of Completion or Revision: *Fill in here*

Cash Donations Category												
	A			**B**			**C**			**D**		
	Amount Budgeted			**Amount Raised and Matched - to date**			**Expenditures - to date**			**Remaining Grant Balance**		
Stewardship Tasks to be completed with funds raised and received under Cash Donations Category	**Breakdown of Approved Budget* by Source of Funds**		**Total Budget by Task**	**Breakdown of Expected Costs by Actual Amount Raised and Matched to date**		**Total Income to Date by Task**	**Breakdown of Actual Costs by Source of Funds**		**Total Actual Expenditures to Date by Task**	**Funds Remaining by Source of Funds**		
	A1	**A2**		**B1**	**B2**		**C1**	**C2**		**= B1 - C1**	**= B2 - C2**	
	Matching Funds to be Raised by Grantee	PSCC Funds to be Matched		Matching Funds Actually Raised by Grantee to date	PSCC Grant Funds Received to date		Grantee Matching Funds Expended to date	PSCC Grant Funds Expended to date		Matching Funds Raised by Grantee	PSCC Grant Funds	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task			$0			$0			$0	$0	$0	
Fill in Objective/Task - to be funded by other grants ineligible for match		N/A	$0									
Purchase of non-reimbursable equipment if applicable*		N/A	$0		N/A	$0			$0	$0	N/A	
Subtotals	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	

*The following changes to the Approved Project Budget require PSCC approval: (1) changes to any line item subject to the Stewardship Challenge Grant Program's specific funding limits; (2) changes **greater than $1,000** to any other line item; and (3) the addition of new line items/tasks. To seek the required approval, send a revised Project Budget to PSCC via email. Line items subject to limits include staff oversight and signage. See PSCC's current FAQs for limits.

	Volunteer Hours Category										
	A			**B**			**C**			**D**	
	Amount Budgeted			**Amount Raised and Matched to date**			**Expenditures to date**			**Remaining Grant Balance**	
Stewardship Tasks to be completed with funds received from PSCC under Volunteer Hours Category	**Breakdown of Approved Budget* by Source of Funds**		**Total Budget by Task**	**Breakdown of Expected Costs by Amount Raised and Matched**		**Total Actual Income to Date by Task**	**Breakdown of Actual Costs by Source of Funds**		**Total Actual Expenditures to Date by Task**	**Funds Remaining by Source of Funds**	
	A1	**A2**		**B1**	**B2**		**C1**	**C2**		**= B1 - C1**	**= B2 - C2**
	Grantee Extra Funds *not required	PSCC Grant Funds		Grantee Extra Funds Committed to date *not required	PSCC Grant Funds Received to date		Extra Funds Expended to date *not required	PSCC Grant Funds Expended to date		Matching Funds Raised by Grantee	PSCC Grant Funds
Fill in Objective/Task			$0			$0			$0	$0	$0
Fill in Objective/Task			$0			$0			$0	$0	$0
Fill in Objective/Task			$0			$0			$0	$0	$0
Fill in Objective/Task			$0			$0			$0	$0	$0
Fill in Objective/Task			$0			$0			$0	$0	$0
Fill in Objective/Task			$0			$0			$0	$0	$0
Subtotals	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

*The following changes to the Approved Project Budget require PSCC's approval: (1) changes to any line item subject to the Stewardship Challenge Grant Program's specific funding limits; (2) changes **greater than $1,000** to any other line item; and (3) the addition of new line items/tasks. To seek the required approval, send a revised Project Budget to PSCC via email. Line items subject to limits include staff oversight and signage. See PSCC's current FAQs for limits.

Equipment Category										
	A			**B**		**C**			**D**	
	Amount Budgeted					**Expenditures**			**Remaining Grant Balance**	
Expenditures under Equipment Category	**Breakdown of Approved Budget* by Source of Funds**		**Total Budget by Equipment**			**Breakdown of Actual Expenditures**		**Total Actual Expenditures to Date by Equipment Purchased**	**No Remainder for Equipment**	
	A1	**A2**				**C1**	**C2**			
	Grantee Matching Funds	PSCC Grant Funds				Grantee Funds Expended	PSCC Grant Funds Expended			
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Fill in equipment			$0			$0	$0	$0		
Subtotals	$0	$0	$0			$0	$0	$0	N/A	N/A
GRAND TOTALS	**$0**	**$0**	**$0**			**$0**	**$0**	**$0**	**$0**	**$0**

* Changes **greater than $1,000** to any line item OR the addition of new line items/equipment purchases require advance approval from PSCC. (For example, you DO NOT need to contact PSCC about spending $500 more on one equipment item and $500 less on another if both were part of your Approved Project Budget. You DO need to contact PSCC in advance if you wish to purchase items that were not included in your grant proposal, irregardless of the cost.)