

Colorado Small Business Development Centers Grant Expenditure Summary and Payment Request Form

Do not include any itemization match on this form.

Grantee Name _____
 Report Period _____
 Prepared by _____
 Date _____

GRANT

<i>Category (Tick code)</i>	<i>Approved Budget</i>	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total Expenses</i>	<i>Budget Remaining</i>	<i>% not spent</i>
Personnel (P)	\$ -					\$ -	\$ -	0%
Fringe Benefits (F)	\$ -					\$ -	\$ -	0%
Travel (T)	\$ -					\$ -	\$ -	0%
Equipment (E)	\$ -					\$ -	\$ -	0%
Supplies (S)	\$ -					\$ -	\$ -	0%
Consultants (C)	\$ -					\$ -	\$ -	0%
Contractual (K)	\$ -					\$ -	\$ -	0%
Other (O)	\$ -					\$ -	\$ -	0%
Total	\$ -	-	-	-	-	\$ -	\$ -	0%

Certification: I hereby certify that the total dollar amount of this voucher reflects actual costs incurred most of which will be paid within 20 days of receipt of the State of Colorado check issued under this request. All expenditures from these project funds are for the approval projects only. Further, I certify that supporting documentation on actual expenditures is on file in our offices. Copies of all supporting documentation on actual grant expenditures must be submitted with this form (copies of all invoices or a copy of a general ledger).

CSBDC Local Director Signature: _____

Date: _____

CSBDC Host Signature: _____

Date: _____

Colorado Small Business Development Centers Cash Match & In-Kind Expenditure Summary

Do not include any itemization match on this form.

Grantee Name _____
 Report Period _____
 Prepared by _____
 Date _____

CASH MATCH

Category (Tick code)	Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Expenses	Budget Remaining	% not spent
Personnel (P)	\$ -					\$ -	\$ -	0%
Fringe Benefits (F)	\$ -					\$ -	\$ -	0%
Travel (T)	\$ -					\$ -	\$ -	0%
Equipment (E)	\$ -					\$ -	\$ -	0%
Supplies (S)	\$ -					\$ -	\$ -	0%
Consultants (C)	\$ -					\$ -	\$ -	0%
Contractual (K)	\$ -					\$ -	\$ -	0%
Other (O)	\$ -					\$ -	\$ -	0%
Total	\$ -	-	-	-	-	\$ -	\$ -	0%

IN-KIND

Category (Tick code)	Approved Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Expenses	Budget Remaining	% not spent
Personnel (P)	\$ -					\$ -	\$ -	0%
Fringe Benefits (F)	\$ -					\$ -	\$ -	0%
Travel (T)	\$ -					\$ -	\$ -	0%
Equipment (E)	\$ -					\$ -	\$ -	0%
Supplies (S)	\$ -					\$ -	\$ -	0%
Consultants (C)	\$ -					\$ -	\$ -	0%
Contractual (K)	\$ -					\$ -	\$ -	0%
Other (O)	\$ -					\$ -	\$ -	0%
Total	\$ -	-	-	-	-	\$ -	\$ -	0%

Certification: I hereby certify that the total dollar amount of this voucher reflects actual costs incurred most of which will be paid within 20 days of receipt of the State of Colorado check issued under this request. All expenditures from these project funds are for the approval projects only. Further, I certify that supporting documentation on actual expenditures is on file in our offices. Copies of all supporting documentation on actual grant expenditures must be submitted with this form (copies of all invoices or a copy of a general ledger).

CSBDC Local Director Signature: _____

CSBDC Host Signature: _____

Date: _____

Date: _____

Colorado Small Business Development Centers Program Income Report

Grantee Name _____
 Report Period _____
 Prepared by _____
 Date _____

1) Net Program Income Carried Forward From Prior Period(s):

(Enter Q4-2005 balance into cell G10; the rest will calculate)

0.00	\$0.00	\$0.00	\$0.00
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2) Current Quarter Gross Program Income

INCOME SOURCE	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Training (T)					\$0.00
Sales of Books, etc (S)					\$0.00
Advertising (A)					\$0.00
Research Work (R)					\$0.00
Trade Shows (D)					\$0.00
Leading Edge Training & Sponsorships Revenue (LESR)					\$0.00
Other (O)					\$0.00
TOTAL CURRENT QUARTER PROGRAM INCOME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

3) Current Quarter Program Income Expenditures

EXPENSE CATEGORY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Personnel (P)					\$0.00
Fringe (F)					\$0.00
Consultants (C)					\$0.00
Subcontracts (B)					\$0.00
Travel (T)					\$0.00
Equipment (E)					\$0.00
Supplies (S)					\$0.00
Leading Edge Sponsorship Expenses (LESE)					\$0.00
Other (O)					\$0.00
TOTAL QUARTER EXPENDITURES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

4) Current Quarter Net Income (2-3)

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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5) Current Program Income Balance

\$0.00	\$0.00	\$0.00	\$0.00
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CSBDC Local Director Signature: _____

Date: _____

CSBDC Host Signature: _____

Date: _____

Colorado Small Business Development Centers Leading Edge Grant & Expenditure Report

Grantee Name _____
 Report Period _____
 Prepared by _____
 Date _____

1) Net Leading Edge Program Income Carried Forward From Prior Period(s):
0.00 \$0.00 \$0.00 \$0.00

2) Current Quarter Gross Program Income

LEADING EDGE INCOME SOURCE	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Leading Edge Grant					\$0.00
TOTAL CURRENT QUARTER LE INCOME	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

3) Current Quarter Program Income Expenditures

LEADING EDGE & ENTREPRENEURIAL TRAINING EXPENSE CATEGORY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Consultants/Instructors (C)					\$0.00
Subcontracts (B)					\$0.00
Travel (T)					\$0.00
Equipment (E)					\$0.00
Supplies (S)					\$0.00
Other (O)					\$0.00
TOTAL QUARTER LE & TRAINING EXPENDITURES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

4) Current Quarter Net Leading Edge Income (2-3) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

5) Current LE Program Income Balance \$0.00 \$0.00 \$0.00 \$0.00

CSBDC Local Director Signature: _____

Date: _____

CSBDC Host Signature: _____

Date: _____