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| Funding Sources | | |  |
| |  |  | | --- | --- | | Provider Name: |  | | Person Completing Form |  | |  |  | |  |  |   The purpose of this form is to track and document how providers manage and utilize funding received from state, local, and federal sources. It ensures transparency, accountability, and compliance with reporting and expenditure requirements. By collecting key information, such as funding sources, amounts, expenses, and supporting documentation, the form helps maintain accurate records and fulfill any necessary regulatory obligations. It also provides a structured way for providers to certify their compliance with funding terms. | | | Indicate whether the funding is from state, local, or federal sources. If funding comes from multiple sources, list each source separately. |
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| Local, State or Federal Funding Entity | Amount | Funding Period | Funded Activities |
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| Provider signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |