

CITY OF CARSON
COMMUNITY SERVICES DEPARTMENT
HUMAN SERVICES DIVISION

CULTURAL ARTS GRANTS
INCOME & EXPENSES STATEMENT

This report must be submitted to the Accounting Division on the 15th day following the end of each quarter. Final accounting of the grant funds using this form must be submitted within 30 days after the end of the Event/Project.

ORGANIZATION NAME _____

CONTACT NAME _____ PHONE NO. _____

1. PROJECT TITLE _____ EVENT DATE _____

2. PROJECT TITLE _____ EVENT DATE _____

3. PROJECT TITLE _____ EVENT DATE _____

| | PROJECT NO. 1 | PROJECT NO. 2 | PROJECT NO. 3 | PROJECT TOTAL #REF! |
|---|------------------|------------------|------------------|---------------------------|
| Fund Balance Beginning (Carryover from prior project) | \$ - | \$ - | \$ - | |

A. DESCRIPTION OF FUNDING SOURCE (List types and amount. Attach separate sheet if needed)

| | | | | |
|------------------------|----------|------|------|------|
| City of Carson Grant 1 | \$ | \$ | \$ | \$ - |
| City of Carson Grant 2 | | | | - |
| City of Carson Grant 3 | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| TOTAL INCOME | (A) \$ - | \$ - | \$ - | \$ - |

B. EXPENSES (Original receipts/invoices/cancelled checks must be provided for all expenses claimed. List & attach separate sheet if needed)

| | | | | |
|-----------------------|----------|------|------|------|
| | \$ | \$ | \$ | \$ - |
| | | | | - |
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| | | | | - |
| | | | | - |
| | | | | - |
| TOTAL EXPENSES | (B) \$ - | \$ - | \$ - | \$ - |

C. NET INCOME/(LOSS) [A - B] (C) \$ - \$ - \$ - \$ -

Fund Balance Ending \$ -