



**Kentucky Department for Libraries and Archives
Local Records Program**

_____ Contract Number

Report Number: _____
Grant Recipient: Office of the _____

Budget Category	Approved Budget	Amount Expended to Date	Amount Obligated to Date (not paid)
Total			
A. Total Grant Funds Received to Date		\$ _____	
B. Total Amount Expended to Date		\$ _____	
C. Total Amount of Interest Earned to Date		\$ _____	
D. Cash Balance Remaining (A minus B)		\$ _____	
I certify to the best of my knowledge that this report is accurate and complete.			
Authorized Official (Signature)		Date	
Title		Telephone Number and Email	
Regional Administrator (Signature)		Date	