

KNOX COUNTY SCHOOLS
GRANT AWARD SUMMARY REPORT

KCS School / Department _____

Source of Grant _____

Purpose of Grant _____

Fund / Account Name Allocated To _____

Grant Period _____

Date Received _____

Amount of Grant \$ _____

Total Purchases with Grant Funds (from Page 2) \$ _____

*Difference \$ _____

*If the amount spent is less than the amount of the grant, please provide explanation and intended disposition of balance.

Completed by: _____ _____
Date

Reviewed by: _____ _____
Date

Any change in authorized purpose must be accompanied by a written authorization from the donor.

