



Grantee:  
 PR Award Number:  
 Budget Period:

Spreadsheet of Expenditures of Non-Federal Funds										
	Year One		Year Two		Year Three		Year Four		Total Expended	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
	A. Personnel									
B. Fringe benefits										
C. Travel										
D. Equipment										
E. Supplies										
F. Construction										
G. Consult/contracts										
H. Other										
<b>Total direct costs (lines A-H)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
I. Indirect costs										
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**NOTE: Matching or in-kind contributions are not required under the SS/HS Program. However, if the original application included in-kind funds, you must report on the expenditure of those non-Federal funds.**