Golden LEAF FOUNDATION ®

Grant ID: _____	**Submission Date:**
Name of Grantee: _____	
Project Title: _____	

If you are submitting the item(s) below--indicate by an "X", your submission must include the following worksheets of this MS Excel file.

SUBMIT:

* This Excel file with **UPDATED** worksheets relative to the submission , and

* A scan of signed worksheets as indicated below.

X:		Submission checklist	1 Submission Certification	2 Approved Golden LEAF budget	3 Approved budget narrative	4 Golden LEAF Expense tracking	5 Project Financial Report	6 Disbursement request form	7 Budget revision request form	8 Project modification request
☐	Initial requirements	x		--	--					
☐	Interim progress report	x	x			x	x			
☐	Final progress report	x	x	--	--	x	x			
	Disbursement request:									
☐	*With* progress report			--	--			x		
☐	Without progress report	x	x	--	--	x	x	x		
☐	Budget revision request	x		--	--				x	
☐	Project extension/ modification request	x		--	--					x
☐	Post-grant update	x	x							
	**Scan of signed sheet required in addition to workbook		x	--	--			x	x	

Before upload, SAVE the file with a filename with the following format: G-####_Org_Name_Financial_Workbook_mm-dd-yy.xls, where in G-####, the #### represents the last four digits of your Grant ID and mm-dd-yyyy is your submission date.

www.goldenleaf.org
programs@goldenleaf.org
Phone: 252-442-7474 Fax: 252-442-7404

Submission Certification Form

Grant ID: 0

Name of Grantee: 0

Project Title: 0

Certification - Financial worksheets   ☐ N/A for this submission

Total project budget	Total project expenditures	GLF budget	GLF Expenditures	Are any GLF expenditures over budget? (Y or N)
$0.00	$0.00	$0.00	$0.00	

I certify that I have actual knowledge regarding the information contained in the Project Financial Report and of the transactions outlined in the accompanying Golden LEAF Expense tracking sheet, and that
1) The information is true, accurate and complete;
2) All expenditures incurred are for the purposes set forth in the Grantee Acknowledgment and Agreement governing the grant and are consistent with the grant budget;
3) I have the authority to execute this certification on behalf of the Grantee.

Signature (Completer of project financial worksheets)

Name

Title

Date signed

Certification - Programmatic worksheets   ☐ N/A for this submission

I certify that in completing this report/request that all the information contained herein and within any supporting or supplemental information provided by me on behalf of the Grantee organization is true, accurate and complete as of the date signed.

Signature (Completer of project programmatic worksheets)

Name

Title

Date signed

Board of Directors Certification [501(c)(3) organizations only]

The board director signing below certifies his or her authority to do so on behalf of the Grantee. By signing this submission, the director certifies on behalf of the Grantee that the information contained herein and other supporting or supplemental information for this report/request, is true, accurate and complete as of the date signed.

Signature

Name of Director/Trustee

Board Title of Director/Trustee

Date signed

Questions about this submission should be directed to:

Name

Title

Telephone   E-mail

Project Budget

Budget category	Total project budget	Project funding source(s) and budget(s)					
		Golden LEAF	Name of funding source 2	Name of funding source 3	Name of funding source 4	Name of funding source 5	Name of funding source 6
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Project File Number: 0

Name of Grantee: 0

Project Title: 0

Date budget approved by GLF:

Budget Narrative

Project File Number: 0

Name of Grantee: 0

				GOLDEN LEAF BUDGET (Record only those EXPENSES within approved line items toward which Golden LEAF grant dollars will be applied.)																			Grantee payments to vendors		
				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 TOTAL				
Invoice date	Invoice No.	Invoice amount	Vendor name	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	Check # / Payment method	Payment date	Payment amount	Description of expense/Other comments
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
																						$0.00				
TOTAL EXPENDITURES				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				
BALANCE REMAINING				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00				

Golden LEAF FOUNDATION

Project File Number: 0

Name of Grantee: 0

NOTE: If you anticipate "Golden LEAF Expenditures" for any line item will exceed the approved "Golden LEAF Budget," submit a budget revision request for approval PRIOR to spending Golden LEAF funds.

Budget category	Total Project Budget	Total Expenditures	Golden LEAF			Name of funding source 2		Name of funding source 3		Name of funding source 4		Name of funding source 5		Name of funding source 6	
			Budget	Expenditures	Balance Remaining	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00		$0.00		$0.00		$0.00	
TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Request for Disbursement

Date: _____

Project file number: 0 _____

Grantee name: 0 _____

Project title: 0 _____

To: President, Golden LEAF

0 _____ requests a disbursement in the amount of $ _____ .

In making this request, I certify that   0 _____ :

        * Needs the sum requested at this time to carry out the project identified above;

        * Has performed in accordance with the terms and provisions of the Grantee
          Acknowledgment and Agreement; and, therefore,

        * Is eligible under the terms of the Agreement to receive the amount requested.

I certify that the information contained in financial information submitted in support of this
Disbursement Request, is true, accurate and complete as of the date of its submission.

I further certify that I have the authority to make this request.

_____
Authorized Signature

_____
Printed name

_____
Title

_____
Date

If banking information or payee contact has changed, please complete a new [Grantee ACH Deposit Authorization Form](#) and mail or fax as instructed on the Form. If there has been no change in bank or payee contact information, enter "X" here: ☐

Request for Budget Revision

| Budget category | Current total project budget | Revision Request | | | Revised GLF budget* | Name of funding source 2 | Name of funding source 3 | Name of funding source 4 | Name of funding source 5 | Name of funding source 6 | Total revised project budget |
		Current Golden LEAF (GLF) budget	GLF budget category increase	GLF budget category decrease							
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0	$0.00	$0.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
					$0.00						$0.00
					$0.00						$0.00
					$0.00						$0.00
*If GLF budget request approved by GLF	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

EXPLANATION/JUSTIFICATION OF REQUEST:

		% of GLF budget	% of total budget
Project File Number:	0	#DIV/0!	#DIV/0!
Name of Grantee:	0		
Project Title:	0		
Form completed by:			
Signature:			
Title:			
Phone:			
E-mail:			
Date:			

Request for Project Modification

Golden LEAF FOUNDATION

NOTE: Some modifications require approval of the Golden LEAF Board of Directors.

Date: _____	**File/Ref. no.:** 0 _____
Grantee: 0 _____	
Project title: 0 _____	

GRANTEE CONTACT

Name: _____	**Title:** _____
Phone: _____	**E-mail:** _____

Mark the request type(s) with an "X" and complete the corresponding section(s) as appropriate.

☐ **EXTENSION REQUEST** – To extend the grant term

Grantee requests to extend the term of grant   0   through   _____

Write explanation/justification for the extension below (or attach):

☐ **MODIFICATION REQUEST** – To deviate from the GLF-approved purpose, conditions or outcomes of the grant

Grantee requests the following change(s) to grant   0 _____ :

Write details below (or attach – please be specific):

_____   _____
Signature (Authorized person from Grantee organization)   Title

_____   _____
Printed name   Date