



**Fresno County HUB Grant Program
Grant Expenditure Report**

1. GRANT RECIPIENT

Business Legal Name:		Employer/Tax ID #:	
Business Address:	City:	Zip:	
Mailing Address (if different):	City:	Zip:	
Phone/Cell:	Business Email:		

2. USE OF FUNDS: Please detail how Grant funds will be used below. Must total \$5,000.00

TYPE OF EXPENDITURE	AMOUNT
Rent	
Utilities	
Payroll	
Supplies	
Other Operating Expenses (Please List)	

TOTAL: \$ _____

3. CERTIFICATION

I declare under penalty of perjury, that the foregoing is true and correct.

Applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date: