



Millbrae Community Foundation

P.O. Box 1612, Millbrae, CA 94030

millbraefoundation@gmail.com

Financial Report

7. Income

1. Millbrae Community Foundation Grant Funds Received		
2. Other Funding (specify)		
3.		
Total Project Income		_____

8. Expenditures (please be specific and add lines as needed)

1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total Project Expenditures		_____

9. By signing this report, I confirm that to the best of my knowledge these Millbrae Community Foundation Grant funds were spent only for eligible items in accordance with the approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures have been provided to the Millbrae Community Foundation.

Certifying Signature _____ Date _____

Print Name, title _____

Organization name _____