

Maryland Developmental Disabilities Council  
Final Expenditure Report - Small Grants

Name of individual/Family/Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Federal Identification # or SS #: \_\_\_\_\_

**Project Expenses**

	DDC Funds	Other Sources
Salaries		
Fringe		
Supplies & Materials		
Printing		
Registration		
Travel		
Lodging		
Meals		
Other Specify: _____		
Other Specify: _____		
Other Specify: _____		
<b>Total Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Project Income**

DD Council - Grant	\$0.00	
Other Sources (Specify): _____	\$0.00	
Fees	\$0.00	
<b>Total Project Income</b>	<b>\$0.00</b>	Amount Requested from DD Council:

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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Total  
Budget

\$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

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