

TnACHE Access Project Grants
Mid-Year Report
Fiscal Year 2003-2004

Due: 02/23/04
To: TnACHE
600 Henley Street, Suite 312
Knoxville, TN 37966-4135

Part 1: Fiscal Information (PRINT OR TYPE)

Name of Grantee School: _____

Mailing Address: _____

Coordinator Name: _____ Title: _____

Phone: _____ Email: _____

Part 2: Expenditures to date *(use additional sheet if necessary):*

<u>Category</u>	<u>Amount Budgeted</u>	<u>Amount Spent</u>	<u>Balance</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

TOTALS

\$ _____	\$ _____
Total Expenditures to Date	Balance of Unexpended Funds

I certify that the above information is correct, to the best of my knowledge. If any errors are subsequently discovered, they will be reported promptly to the TnACHE.

 Signature of Treasurer

 Email address

 Date

Part 3: TnACHE Activities

Please describe your TnACHE activities. Use additional sheets if necessary.

Activity_____

Description_____

Activity_____

Description_____

Activity_____

Description_____

Activity_____

Description_____
