

**SCHEDULE "C"****SMOKY LAKE COUNTY – FCSS FINANCIAL REPORT**

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Box City or Town Postal Code

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**► COMPLETE THIS APPLICATION IN ITS ENTIRETY****1.** Were all funds spent this calendar year? ☐ Yes ☐ No**2. Financial Report:**

<b>REVENUES</b> (please detail all actual revenues related to the project).	
<b>FCSS Grant</b>	
Other Revenue	
<b>Total Revenue</b>	\$
<b>EXPENSES</b> (please detail all actual revenues related to the project).	
<b>Total Expenses</b>	\$

Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

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