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| --- | --- |
|  | **Early Childhood Equity Grant Receipt Verification** |

|  |  |
| --- | --- |
| Facility/site name |  |
| Licensed Provider ID number: |  |
| Name of point of contact: |  |
| Point of contact email address: |  |
| Phone number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Name *What is the name of the business or person you paid?* | Items Included  *What item(s) did you buy?* | Spend Category\*  *What spending category corresponds to the item?* | Cost  *Total amount of grant spending on this receipt* |
| *Examples:*  Amazon  \*\*\*\*\*\*\*\*  Lakeshore | Anti-bias education books  \*\*\*\*\*\*\*\*  Multicultural clothes  Story Books | Staff Training and Education  \*\*\*\*\*\*\*\*  Program Design | $250  \*\*\*\*\*\*\*\*  $150 |
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|  |  |  |  |
|  |  |  |  |

Total Spent: $

**Please attach additional pages for more room.**

\*Categories:

- Program Design

- Program Delivery

- Staff Training and Education

- Program Evaluation