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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 clothesStory 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