



NAME OF ORGANIZATION: \_\_\_\_\_  
(as it appeared on the original application)

**PROOF OF SPENDING FORM**

The United Fund of Iowa County, Inc. is a not-for-profit 501(c) (3) organization that operates with a volunteer Board of Directors and citizen volunteers. There is no paid staff. Our primary mission is to solicit, obtain, and disburse funds to support the charitable needs of the Iowa County area.

The funds you were rewarded are Restricted Funds: These are funds that are set aside for a specific purpose. You stated your purpose on your application, which is all the funds can be used for.

Funds must be spent before December 1 of the year they were awarded. If you've used all or part of your funds by this date, you are asked to complete the following itemized accounting of this year's grant expenditures. **This form must be returned to the United Fund of Iowa County with a postmark on or before December 15<sup>th</sup> of the current year. Failure to return this form will make you ineligible for any future funds from the United Fund of Iowa County.** Return Form to PO Box 63, Dodgeville WI 53533-0063

Any unused funds remaining on December 1st of the rewarded year must be returned to the United Fund of Iowa County with a postmark on or before December 15 of the current year. Return Funds to PO Box 63, Dodgeville WI 53533-0063

**INCOME** (just for this grant-awarded project)

Grant amount received this year from United Fund of Iowa County \$ \_\_\_\_\_

Other grant(s) received this year and from whom:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Public/Private funding received this year and from whom:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

**ELIGIBLE EXPENSES** (just for this grant-awarded project) Attach **COPIES** of receipts (Do not send originals)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL ELIGIBLE EXPENSES \$ \_\_\_\_\_

1. How many unduplicated Iowa County residents did you serve with this year's Grant Award?  
\_\_\_\_\_
2. Did the project also serve residents from other counties? \_\_\_\_\_  
What percentage of total served were Iowa County residents \_\_\_\_\_
3. Describe the way(s) and date you publicized your United Fund award (Brochures, fliers, newsletters, Newspaper, or other methods). Please attach copies.
4. Comments:

I certify the funds awarded to us this year from the United Fund of Iowa County have been used for the purpose we identified on our original application. I further certify that all of the funds were used for this purpose or have been returned to Iowa County United Fund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date