

ES Grant – Statement of Actual Expenditures Licensed Family Child Care Homes

Name of Provider: _____ Address: _____ Total ES Grant received: _____

Total expenditures for the time period of:

October 1, 2009 – June 30, 2010 \$ _____

Course Information							Actual Costs					
Provider to Initial	Provider Name <small>(Provider/Assistant) (Please ensure each staff member initials beside name to verify data entered)</small>	Birthdate <small>DDMMYY (i.e.26Sep79)</small>	Course Completed <small>(i.e., ECE 100 HUMD 183)</small>	Institution/ Location <small>(i.e., SIAST/Biggar Regional College)</small>	Start Date & Completion Date <small>(i.e., Jan 24, 2010 – Apr 18, 2010)</small>	Course Delivery Method <small>(i.e., Classroom; SCN; Home Study: On-line; PLAR)</small>	Tuition Cost from ES Grant <small>(Do not include \$150 per course from the Tuition Reimbursement Grant or tuition support from other sources such as CanSask or E.I.)</small>	Rural Travel Costs from ES Grant	Required Book Costs from ES Grant	Provider (Provider/Assistant) Replacement Costs from ES Grant	ES Grant Total	
October 1, 2009 – June 30, 2010 ES Grant TOTAL												
ES Grant Total from previous statements												+
GRAND TOTAL spent to date												=

I agree that the information given in this ES Grant – Statement of Actual Expenditures is true, correct and complete to the best of my knowledge.

Provider Signature

Date