**Name of Entity**

**SCHEDULE OF STATE GRANT RECEIPTS AND EXPENDITURES**

**For the Fiscal Year Ended June 30, 20xx**

| Name of State Grant | Grant # | D- Direct P- Pass-Through | Grant provided to a sub-recipient | Award Amount | Under (Over) Expended Beginning of Year | Total Current Year Revenues | Total Current Year Expenditures | Under (Over) Expended End of Year |
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