State of Illinois
Department of Human Services

Grant Allowable Cost Summary

GRANT REPORT for the period July 1 through June 30, _____

AGENCY NAME: _____ FEIN: _____

		DHS GRANT - FUNDED SERVICES					All other Programs	Mgmt. & General	Total
		Program 1	Program 2	Program 3	Program 4	Program 5			
	Program Name/Number/Contract Number/Other Identification								
A	Direct Program expenses								
B	Allocate Management and General Costs (Note 1)								
								-	-0-
C	SUBTOTAL A & B								
								-0-	
D	Subtract Unallowable costs per page 2								
E	Add other approved uses (attach documentation)								
F	TOTAL Allowable costs								
G	Special provisions (see instructions)								
H	Interest Earned (see instructions)								

NOTE 1: Management and General costs are allocated based on: ☐ direct salaries, ☐ total direct costs, ☐ other basis (attach explanation).

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