**Program Description:** Choose an item.

**Grantee Name/Agreement ID:**

**Reporting Period:** Choose an item.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Federal Operating Expenses | | | | | | |
| Page #(s) | Expense Type | Vendor Name |  | Total Cost | CFWYI Share |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |

Revised 02/27/2025