**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. |       |       |       |       |       |
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|       | Choose an item. |       |       |       |       |       |
|       | Choose an item. |       |       |       |       |       |

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