


www.goldenleaf.org

programs@goldenleaf.org

Phone: 252-442-7474 Fax: 252-442-7404

Project File No.: _____
Name of Grantee: _____
Project Title: _____

Submission Date:

 If you are submitting the item(s) below--indicate by an "X", your submission must include the following worksheets of this MS Excel file.

SUBMIT:

- * This Excel file with **UPDATED** worksheets relative to the submission , and
- * A scan of signed worksheets as indicated below.

X:	Submission checklist	1 Submission Certification	2 Approved Golden LEAF budget	3 Approved budget narrative	4 Golden LEAF Expense tracking	5 Project Financial Report	6 Progress report overview	7 and 7a Project outcomes	8 Project activities	9 Disbursement request form	10 Budget revision request form	11 Project modification request
<input type="checkbox"/>	Interim progress report	X	--	--	X	X	X	X	X			
<input type="checkbox"/>	Final progress report	X	--	--	X	X	X	X	X			
	Disbursement request:											
<input type="checkbox"/>	With progress report		--	--						X		
<input type="checkbox"/>	Without progress report	X	X	--	X	X				X		
<input type="checkbox"/>	Budget revision request	X	--	--							X	
<input type="checkbox"/>	Project extension/ modification request	X	--	--								X
<input type="checkbox"/>	Post-grant update	X	X					X	X			
	**Scan of signed sheet required in addition to workbook		X	--	--					X	X	

Before submission, SAVE the file with a filename that begins with the project file number and ends with the submission date, e.g. 2018-555.....12.12.2018.xlsx.

Submission Certification Form

Project File No.: 0 _____
Name of Grantee: 0 _____
Project Title: 0 _____

Certification - Financial worksheets				<input type="checkbox"/> N/A for this submission
Total project budget	Total project expenditures	GLF budget	GLF Expenditures	Are any GLF expenditures over budget? (Y or N)
\$0.00	\$0.00	\$0.00	\$0.00	

I certify that I have actual knowledge regarding the information contained in the Project Financial Report and of the transactions outlined in the accompanying Golden LEAF Expense tracking sheet, and that

- 1) The information is true, accurate and complete;
- 2) All expenditures incurred are for the purposes set forth in the Grantee Acknowledgment and Agreement governing the grant and are consistent with the grant budget;
- 3) I have the authority to execute this certification on behalf of the Grantee.

 Signature (Completer of project financial worksheets)

 Name

 Title

 Date signed

Certification - Programmatic worksheets	<input type="checkbox"/> N/A for this submission
<p>I certify that in completing this report/request that all the information contained herein and within any supporting or supplemental information provided by me on behalf of the Grantee organization is true, accurate and complete as of the date signed.</p>	
<p>_____ Signature (Completer of project programmatic worksheets)</p>	
<p>_____ Name</p>	
<p>_____ Title</p>	
<p>_____ Date signed</p>	

Board of Directors Certification [501(c)(3) organizations only]
<p>The board director signing below certifies his or her authority to do so on behalf of the Grantee. By signing this submission, the director certifies on behalf of the Grantee that the information contained herein and other supporting or supplemental information for this report/request, is true, accurate and complete as of the date signed.</p>
<p>_____ Signature</p>
<p>_____ Name of Director/Trustee</p>
<p>_____ Board Title of Director/Trustee</p>
<p>_____ Date signed</p>

Questions about this submission should be directed to:	
Name	_____
Title	_____
Telephone	_____
E-mail	_____

Project Budget

		Project funding source(s) and budget(s)					
Budget category	Total project budget	Golden LEAF	Name of funding source 2	Name of funding source 3	Name of funding source 4	Name of funding source 5	Name of funding source 6
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Project File Number: 0 _____

Name of Grantee: 0 _____

Project Title: 0 _____

Date budget approved by GLF: _____

Budget Narrative

Double-click in the box below to enter the description for each budget category.

Empty box for entering budget category descriptions.



Project Financial Report

Project File Number: 0 _____

Name of Grantee: 0 _____

NOTE: If you anticipate "Golden LEAF Expenditures" for any line item will exceed the approved "Golden LEAF Budget," submit a budget revision request for approval PRIOR to spending Golden LEAF funds.

Budget category	Total Project Budget	Total Expenditures	Golden LEAF			Name of funding source 2		Name of funding source 3		Name of funding source 4		Name of funding source 5		Name of funding source 6	
			Budget	Expenditures	Balance Remaining	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures	Budget	Expenditures
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

File No: _____ 0 Grantee name: _____ 0
Project title: _____ 0

Purpose of the grant:

Briefly describe other activities, accomplishments or impacts, to date, associated with the project that are not included in this report's outcomes and activities sections. Please also discuss areas of underperformance. In your discussion, include factors that contributed to the underperformance and steps taken to address it.

Complete and submit the form below to Golden LEAF to request approval for a:

- [Project modification request \(a change in project scope, including outcomes and activities\)](#)
- [Project extension request \(to extend the term of the grant\)](#)
- [Budget modification request \(for categories budgeted to Golden LEAF\)](#)

What lessons have been learned or best practices identified during the course of this project to date? What is your organization doing differently as a result of these lessons?

Provide information about any significant Board and/or staff changes in your organization.

Progress Report - Project Outcomes

0 _____ **Project File Number**
 0 _____ **Grantee Name**

								Report due date:	
	Unit of measure/ Description	Source of data (Examples below)	Name/title of person(s) responsible	Baseline		Goal to be achieved by the end of the project		Data reported is FROM-TO	Data reported
				Actual	Date	Target (and notes)	By (date):		
Investment in publicly owned infrastructure	\$	Public Utility records / construction documents						-	
Investment in privately-owned property, plant and equipment	\$	County tax records/ construction documents/award letters							
New full-time jobs created	Number of FT jobs	NCUI 101/Employer certifications							
Average annual wage of new full-time jobs	\$ (average wage of new jobs)	Employer certifications/ NCUI 101							
Students completing at least one curriculum program in the area(s) funded annually <i>(Academic certificate, diploma, degree programs)</i>	Unduplicated student course/program completers	Datatel/Power School							
Students successfully completing at least one continuing education course or program in the area(s) funded annually <i>(Con-ed or customized training certificate programs)</i>	Course/program completers	Datatel/Power School							
Students earning at least one industry/3rd-party credential/certification	Unduplicated students earning an industry credential	NIMS/AWS/MSSC/ other industry certification reports							
Students completing CTE pathway in area(s) funded annually	Unduplicated high school student course/program completers	Datatel/Power School							
Students participating in work-based learning annually	Unduplicated number of students in WBL	WBL host- organization records/Program records							

Progress Report - Project Outcomes

							Report due date:		
	Unit of measure/ Description	Source of data (Examples below)	Name/title of person(s) responsible	Baseline		Goal to be achieved by the end of the project		Data reported is FROM-TO	Data reported
				Actual	Date	Target (and notes)	By (date):		
Students receiving meaningful exposure and opportunities to explore local career opportunities annually	Unduplicated participants	Course/module participation records/industry host records						-	
Number of participants at agricultural trainings (e.g. field days, etc.)	Participants	Participant sign-in sheets							
New publications directed towards farmers	Materially unique farmer-friendly publications	Publications distributed to or made accessible to farmers							
Monthly use of agricultural facilities that benefit farmers	Farmer-users	Ag facility records							
Number of homes, businesses, and institutions served by new broadband access	Number of homes, businesses and institutions that can access new broadband	Service area records							

†For average county wage baseline, click:
[NC County Average Wages](#)

Progress Report - Project Outcomes

0 Project File Number
 0 Grantee Name

	Unit of measure/ Description	Data reported is FROM-TO	Data reported is FROM-TO	Data reported is FROM-TO	Data reported is FROM-TO	Cumulative to date (as applicable)
Investment in publicly owned infrastructure	\$	-	-	-	-	\$0.00
Investment in privately-owned property, plant and equipment	\$					\$0.00
New full-time jobs created	Number of FT jobs					0
Average annual wage of new full-time jobs	\$ (average wage of new jobs)					
Students completing at least one curriculum program in the area(s) funded annually (<i>Academic</i> certificate, diploma, degree programs)	Unduplicated student course/program completers					
Students successfully completing at least one continuing education course or program in the area(s) funded annually (Con-ed or customized training certificate programs)	Course/program completers					
Students earning at least one industry/3rd-party credential/certification	Unduplicated students earning an industry credential					
Students completing CTE pathway in area(s) funded annually	Unduplicated high school student course/program completers					
Students participating in work-based learning annually	Unduplicated number of students in WBL					

Progress Report - Project Outcomes

	Unit of measure/ Description	Data reported is FROM-TO	Data reported is FROM-TO	Data reported is FROM-TO	Data reported is FROM-TO	Cumulative to date (as applicable)
		-	-	-	-	
Students receiving meaningful exposure and opportunities to explore local career opportunities annually	Unduplicated participants					
Number of participants at agricultural trainings (e.g. field days, etc.)	Participants					0
New publications directed towards farmers	Materially unique farmer-friendly publications					0
Monthly use of agricultural facilities that benefit farmers	Farmer-users					
Number of homes, businesses, and institutions served by new broadband access	Number of homes, businesses and institutions that can access new broadband					0

†For average county wage baseline, click:
[NC County Average Wages](#)

Other significant outcomes

Double-click in the box below to record qualitative or other project outcomes and anecdotes. May include, for example, jobs retained that were at risk without Golden LEAF support; comparison to average county wages; students employed in area of study; incumbent workers trained; employer input and feedback; survey results; increased farm/farmer revenues; new acres in production; new crops/products grown or produced; new fiber miles; new connections to infrastructure; business start-ups or expansions; number of patient visits; improved financial position of rural healthcare facilities; etc.

Progress Report - Project Activities

Activity	Target completion date	Date completed	DATE/STATUS Discuss progress made to date, challenges and resolutions, explanations for not meeting target dates, and any other comments.	
GRANT ADMINISTRATION				
Attend GLF grants management workshop.				
Submit executed Grantee Acknowledgment and Agreement to GLF.				
Submit project management plan (PMP)--project outcomes and activities--to GLF for approval.				
Submit project budget to GLF for approval.				
Submit interim progress report to GLF for approval.				
Submit interim progress report to GLF for approval.				
Submit final progress report to GLF for approval.				
Submit post-grant outcomes update to GLF for approval.				

Request for Disbursement

Date: _____
Project file number: 0 _____
Grantee name: 0 _____
Project title: 0 _____

To: President, Golden LEAF

0 _____ requests a disbursement in the amount of \$ _____.

In making this request, I certify that 0 _____:

- * Needs the sum requested at this time to carry out the project identified above;
- * Has performed in accordance with the terms and provisions of the Grantee Acknowledgment and Agreement; and, therefore,
- * Is eligible under the terms of the Agreement to receive the amount requested.

I certify that the information contained in financial information submitted in support of this Disbursement Request, is true, accurate and complete as of the date of its submission.

I further certify that I have the authority to make this request.

Authorized Signature

Printed name

Title

Date

<p>Please mail check to:</p> <p>0</p> <p>Attn (Name/Title): _____</p> <p>_____</p>

Request for Budget Revision

Revision Request											
Budget category	Current total project budget	Current Golden LEAF (GLF) budget	GLF budget category increase	GLF budget category decrease	Revised GLF budget*	Name of funding source 2	Name of funding source 3	Name of funding source 4	Name of funding source 5	Name of funding source 6	Total revised project budget
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*If GLF budget request approved by GLF

EXPLANATION/JUSTIFICATION OF REQUEST:

GOLDEN LEAF APPROVAL:

Project File Number: 0 Name of Grantee: 0 Project Title: 0 Form completed by: _____ Signature: Title: Phone: E-mail: Date:		SIGNATURE _____ NAME _____ TITLE _____ DATE _____ % of GLF budget #DIV/0! % of total budget #DIV/0!
---	--	--

Request for Project Modification



****NOTE: Some modifications require approval of the Golden LEAF Board of Directors.****

Date: _____	File/Ref. no.: 0 _____
Grantee: 0 _____	
Project title: 0 _____	
GRANTEE CONTACT	
Name: _____	Title: _____
Phone: _____	E-mail: _____

Mark the request type(s) with an "X" and complete the corresponding section(s) as appropriate.

EXTENSION REQUEST – To extend the grant term
Grantee requests to extend the term of grant 0 _____ through _____ Write explanation/justification for the extension below (or attach):

MODIFICATION REQUEST – To deviate from the GLF-approved purpose, conditions or outcomes of the grant
Grantee requests the following change(s) to grant 0 _____ : Write details below (or attach – please be specific):

Signature (Authorized person from Grantee organization)

Title

Printed name

Date

For Golden LEAF Office Use Only	Extension Request	Modification Request
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
	SIGNATURE / TITLE / DATE	SIGNATURE / TITLE / DATE
	Did this request require a Golden LEAF Board decision? (Yes/No): If yes, disposition date: Notes/conditions attached? (Yes/No):	Did this request require a Golden LEAF Board decision? (Yes/No): If yes, disposition date: Notes/conditions attached? (Yes/No):