

**SAN DIEGO COUNTY  
SMALL BUSINESS STIUMULUS PROGRAM  
DOCUMENTATION OF GRANT EXPENDITURES**

Grant Period: 3/1/2020 to 12/30/2020

ORGANIZATION NAME: \_\_\_\_\_

PURPOSE OF GRANT:

CHECK #: \_\_\_\_\_ ISSUED ON: \_\_\_\_\_ FOR: \_\_\_\_\_

DOCUMENTATION DUE NOT LATER THAN: 30 days after fund expenditure or December 30, 2020, whichever is earlier

- For proper documentation procedures, please read the accompanying Documentation of Grant Expenditures Instructions before submittal.
- We will not accept documentation for expenditures that are not in accordance with the purpose of the grant.
- You must spend the grant funds only on the purpose stated above. Any remaining balance should be returned by check payable to the County of San Diego.

TOTAL EXPENDITURES: \$ \_\_\_\_\_ RETURNED AMOUNT: \$ \_\_\_\_\_

**WE DECLARE THAT ALL STATEMENTS CONTAINED ON THIS FORM AND IN ANY ACCOMPANYING DOCUMENTS ARE TRUE AND CORRECT. WE DECLARE THAT NONE OF THE GRANT FUNDS WERE USED FOR ANY AUTHORIZED EXPENDITURE THAT WAS REIMBURSED FROM ANOTHER SOURCE, INCLUDING, BUT NOT LIMITED TO OTHER CARES ACT PROGRAM, INSURANCE PROCEEDS OR OTHER STATE, FEDERAL OR LOCAL PROGRAM.**

Prepared by: (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Confirmed by: (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Note: DO NOT DISCARD** - Please complete and return this form, including attachments, to: [stimulusgrant@sdcountry.ca.gov](mailto:stimulusgrant@sdcountry.ca.gov).