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**CHALLENGE GRANT INVOICE**

***Please note: You can submit this invoice as soon as you raise the funds, you do not need to wait for the October 15 deadline.***

**Date:** Click here to enter text.

**Grantee Name:** Click here to enter text.

**Grantee Address:** Click here to enter text.

**Grant Amount Issued: $**Click here to enter text.

**Actual Amount Raised: $**Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New or Increased** | **Category of support****(individual, business, special event, etc.)** | **Donations Received****(x @ $x)** | **Information about the ask (What did you do?)** | **Total** |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |
|  **TOTAL: $**Click here to enter text. |

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**Executive Director signature Board President signature**