

11h

: _____ Date of Report: 0 _____ Covering Quarter Ending: 00 _____

Funds Awarded: 000 0

Total Amount of

Category

Amount in (a)(1)
institutional dollars

Amount in (a)(2)
dollars, if
applicable

Amount in (a)(3)
dollars, if
applicable

Wed monthly
relief program
Culinary progr

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Completing the Form

1. `<input type="text" value="Name" />`
2. `<input type="text" value="Address" />`
3. `<input type="text" value="City" />`
4. `<input type="text" value="State" />`
5. `<input type="text" value="Zip" />`
6. `<input type="text" value="Phone" />`
7. `<input type="text" value="Email" />`
8. `<input type="text" value="Password" />`

Posting the Form

1. `<input type="submit" value="Submit" />`
2. `<input type="submit" value="Cancel" />`
3. `<input type="submit" value="Reset" />`
4. `<input type="submit" value="Back" />`
5. `<input type="submit" value="Home" />`

5. `<input type="submit" value="Submit" />`
6. `<input type="submit" value="Cancel" />`
7. `<input type="submit" value="Reset" />`
8. `<input type="submit" value="Back" />`

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at least three years after the submission of the final report per 2 CFR § 200.333. Any changes or updates after initial posting must be conspicuously noted after initial posting and the date of the ~~update~~

Paperwork Burden Statement

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