



County: _____ Month: _____

Extension Personnel:

<u>Name/Position</u>	<u>Total Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-Extension Personnel:

<u>Agency</u>	<u>Total Match</u>
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

Use additional sheets if necessary.

Non-Extension Personnel Total \$ _____

Extension Supplies, Materials, and Travel

Office Supplies	\$
Duplication _____ copies @ \$ _____ per copy	\$
Postage	\$
Phone/Fax Services	\$
Nutrition Education Supplies	\$
Perishable Supplies	\$
Travel _____ miles @ \$0.29 per mile.	\$
Other Supplies: (must be listed)	\$
_____	\$
_____	\$
_____	\$

Extension Supplies, Materials, and Travel Total \$ _____

Extension Space Total \$ _____

Extension Equipment Total \$ _____

Certification of Accuracy and Logs to Document In-Kind Resources.

FNP Coordinator

Date

*All Summary Items must have attached documentation.