

Attachment 2: Project Financials Form

Note: If an awarded applicant plans to implement 3 different recommendations (e.g., LED light replacement, HVAC replacements, and solar panel installation), then fill out 3 separate forms for each recommendation

Date: _____

Performer Project Lead Name:	
Performer Organization:	
Performer Facility Address	
Performer City, State, Zip Code:	

Recommendation Name:	
Recommendations Start Date:	

Expenditures: In the table below, please provide a list of all expenditures (equipment, contractors, permitting, etc.) to date for implementing the project

	Description ¹	MFG Serial Number ²	Purchase Date ³	Install Date	Purchase Cost ⁴	Proof of Purchase Submitted? ⁵
1						
2						
3						
4						
5						

Performer Project Lead Name:	
Performer Project Lead Signature:	

¹ Brief description of the item or service

² As applicable, enter the manufacturer's serial number, model number, Federal stock number, national stock number, or other identification number.

³ Date of purchase for item in MM/DD/YYYY

⁴ Cost of item or service

⁵ Provide proof of purchase (e.g., invoice, receipts, contract, etc.)