

Application: STT22-0000000005

Julia Rankenburg - jranken@cap.org
See, Test and Treat 2022 Program Grant Application

Summary

ID: STT22-0000000005

See, Test & Treat Grant Reconciliation Form

Incomplete

Please submit this grant reconciliation reporting form and supporting documentation within 30 days of your See, Test & Treat event in order to receive the second half of your funding. Note that any funds not utilized must be returned to the CAP Foundation.

See, Test & Treat Grant Reconciliation Form

See, Test & Treat grant payments are distributed in two parts: 1) The first half is awarded six weeks prior to your See, Test & Treat program; 2) The remaining balance will be awarded upon receipt of a detailed grant reconciliation form, complete with receipts and supporting documentation reflecting the actual expenditures associated with each line item, along with the program outcomes report. These forms and supporting documentation are due 30 days after your See, Test & Treat event. Note that all funds not used by the end of your grant award period must be returned to the CAP Foundation.

1. Contact Information

Name of CAP Member (Pathologist Lead) for this program	(No response)
Name of person filling out this form	(No response)
Phone Number	(No response)
Email Address	(No response)

2. See, Test & Treat Program location

Institution Name	(No response)
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3. Date of See, Test & Treat program

Program Date	(No response)
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4. Choose your CAP Foundation Program Manager

No Responses Selected

5. Medical Equipment

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Medical Expenses - Upload a Receipt

6. Exam, Laboratory and Testing Supplies

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Exam, Laboratory and Testing Supplies

7. Temporary Program Coordinator

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Temporary Program Coordinator

8. Support Personal

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Support Personal

9. Marketing/Promotion

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Marketing/Promotion

10. Translation Services

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Translation Services

11. Transportation

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Transportation

12. Children's Activities

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Children's Activities

13. Meals

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Meals

14. Other

Expenses to Report?	(No response)
Amount Budgeted	(No response)
Actual Expenditures	(No response)
Comments	(No response)

Other

15 Total Amounts

Amount Budgeted Total	(No response)
Actual Expenditures Total	(No response)
Comments	(No response)

q16

16. In-Kind Donations/Other Funding Resources

Please summarize any additional funding/donations received in support of your See, Test & Treat event. You may list any in-kind donations that your institution provided for this program as well.

	Donor Name	Amt Given/Items Donated	Potential Future Donor

Date:

(No response)