

Project-wise Grant Utilization Document

Project Details

Project Name	Community Health Improvement Initiative
Project Code	CHI-2024-07
Project Coordinator	Dr. Priya Sharma
Funding Period	January 2024 - December 2024

Grant Overview

Grant Source	XYZ Foundation
Total Granted Amount	₹ 10,00,000
Date Received	02 January 2024

Grant Utilization Summary

Expense Head	Budgeted Amount (₹)	Amount Utilized (₹)	Balance (₹)	Remarks
Medical Supplies	3,00,000	2,80,000	20,000	-
Staff Salaries	4,00,000	4,00,000	0	Fully utilized
Awareness Programs	1,50,000	1,10,000	40,000	Two programs pending
Travel & Logistics	1,00,000	85,000	15,000	-
Miscellaneous	50,000	30,000	20,000	Includes material printing
Total	10,00,000	9,05,000	95,000	

Utilization Certification

I hereby certify that the above utilization details are accurate and the grant has been used strictly as per the approved guidelines of the funding agency.

Name	Dr. Priya Sharma
Designation	Project Coordinator
Date	25 June 2024
Signature	<hr/>

Important Notes:

- Ensure all expenses are supported with original receipts or invoices.
- Utilization reports should be submitted within the stipulated deadline set by the funding agency.
- Unspent amounts must be returned or justified as per grant terms.
- Any deviation from the approved budget requires prior written approval from the funding agency.

- Maintain a copy of this document and all supporting records for future audits.