Project Spending Plan

Please complete this spending plan to ensure the Grants Management Office that your project will be completed on time and within budget expectations. You must complete this form for each project and return it to grants@dhs.in.gov.

**** Be sure to include whether you anticipate having left over funds that you will be returning to the Grants Management Office through a Grant Adjustment Notice (GAN).**

Date:

Project Manager:	
Grant:	
Project Name:	
Current End Date:	
Anticipated Project Completion:	

Award Amount:	$
Budget Amount:	$
Encumbered (RFEs):	$
Disbursed (Paid):	$
Un-Disbursed (Un-paid):	$

Date	Milestone