

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
SNAP-ED FINAL REPORT OF EXPENDITURES
 CDA 2003 (REV 09/2018)



PSA#:	Contract No: SP- -	Submission Date:
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Reporting Period:		Federal Fiscal Year:	
COST	PROGRAM	ADMIN	TOTAL COSTS
Salaries/Benefits			
Non-Capital Equipment/Supplies			
Materials			
Travel & Per Diem			
Building/Space			
Maintenance			
Equipment and Other Capital Expenditures			
Contracts/Sub-Grants/Agreements			
Indirect Costs			
Total Costs			

AAA Certification		
<i>I hereby certify to the best of my knowledge and belief that the Final Report of Expenditures is accurate, current, and discloses the financial results of each project or program funded by this Area Agency with SNAP-Ed funds.</i>		
Signature of Area Agency Director:	Printed Name:	Date:

FOR STATE USE ONLY			
Program Fiscal Team Analyst:	Date:	Program Fiscal Team Manager:	Date:

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SNAP-Ed Subcontracted Services Schedule			
Reporting Period:		Federal Fiscal Year:	
SUBCONTRACTORS	PROGRAM COSTS	ADMIN COSTS	TOTAL SNAP-ED
Name:			
Address:			
Telephone:			
Contact Person:			
Name:			
Address:			
Telephone:			
Contact Person:			
Name:			
Address:			
Telephone:			
Contact Person:			
Name:			
Address:			
Telephone:			
Contact Person:			
Name:			
Address:			
Telephone:			
Contact Person:			
Name:			
Address:			
Telephone:			
Contact Person:			
Name:			
Address:			
Telephone:			
Contact Person:			
TOTAL SNAP-Ed SUBCONTRACTED SERVICES			

