



ORGANIZATION NAME Grant Information

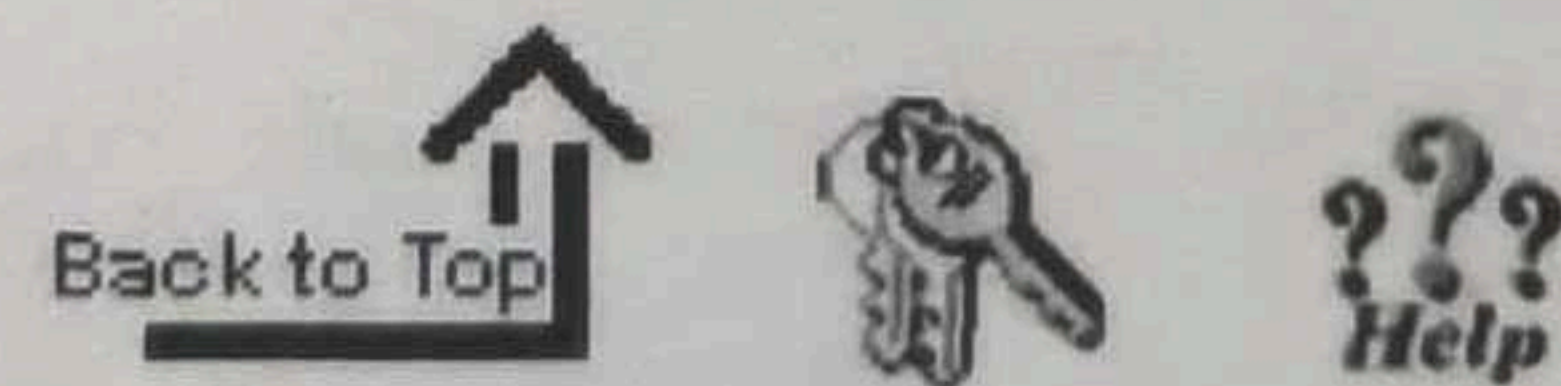
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Grant: ##### (SNAP) Special Needs Assistance

[General](#) [Budget](#) [Vouchers](#)

✓ Paid		Voucher No	Entered	Source	Amount	Schedule No	Est Deposit Date
1)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
2)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
3)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
4)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
5)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
6)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
7)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
8)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
9)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
10)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE
11)	✓	00000000000	DATE	USER NAME	\$\$,###	#####	DATE



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