**Financial Reconciliation Statement**

As required by the provisions of the Agreement between the Children’s Services Council of Palm Beach County (“Council”) and Provider Name (“Provider”) regarding the Name of Agreement, effective Date, attached is a final financial reconciliation of the funds provided by the Council.

 As shown in the attached (mark applicable box):

☐ All funds provided by the Council were spent in accordance with the provisions of the Agreement;

 OR

☐ There were under expenditures in the amount of $ , which pursuant to the Agreement, will be returned to the Council by **[date]**; all other funds were spent in accordance with the provisions of the Agreement.

The undersigned states that he/she is the CFO or other individual dually authorized by the governing board of the Provider to sign this type of document. The information attached is a true and accurate representation of the expenditure of Council funds under the Agreement.

Signature Date

Print Name