



FINAL GRANT REPORT

Please complete and return this report within 60 days of program/project conclusion.

This report may be submitted electronically to jhunter@tuscolaccf.org.

Pictures are most welcome, especially in .JPEG format!

Grantee: _____ *Amount of Grant: _____

Grant Purpose: _____

Fund Which Provided the Grant: _____

Grant Period: Start Date _____ Completion Date _____

Special Conditions of this Grant: (if any) _____

**If total amount of expenditures did not meet or exceed grant amount, please include check for unexpended funds.*

- | | | |
|---|-----|----|
| 1) Unexpended funds returned to TCCF (if applicable) | Yes | No |
| 2) Funds spent based upon original application. | Yes | No |
| 3) Any public announcements or media releases sent to TCCF | Yes | No |
| 4) Accounting of expenditures (preferably with receipts) sent to TCCF | Yes | No |

Describe the impact this grant had on your target audience:

NAME: (print) _____ TITLE: _____

SIGNATURE: _____ DATE: _____