

FINAL GRANT REPORT

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

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

Grantee: _____ **Amount of Grant:** \$ _____

Grant Purpose: _____

Fund Which Provided the Grant: _____

Grant Period: Start Date _____ **Completion Date** _____ (Fill In)

Final report to include:

- | | | | |
|--|-----|----|-----|
| 1) Unexpended funds returned to TCCF -
<i>(Include check made out to TCCF, if yes)</i> | Yes | No | N/A |
| 2) Funds spent based upon original application? | Yes | No | |
| 3) Any public announcements or media releases completed?
<i>(If yes please attach pictures - JPEG format preferred)</i> | Yes | No | |
| 4) Accounting of expenditures supported with receipts attached: | Yes | No | |
| 5) Provide documentation regarding <u>number or people/population served, geographic area/community served, and metrics / statistics.</u>
that this project impacts in these areas. | Yes | No | |
| 6) Special conditions <i>(if any)</i> see grant agreement: | | | |
