Tuscola County

community foundation

For good. For ever..

FINAL GRANT REPORT

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

This report may be submitted electronically to *ihunter@tuscolaccf.org*.

Grantee:		_ Amount of Grant: \$				
G	irant Purpose:					
F	und Which Provided the Grant:					
Grant Start Date: Cor		mpletion Date:				_ (Fill In)
1)	Attach accounting of expenditures supported with receipts:		Yes			
2)	Unexpended funds returned to TCCF (If yes, Include check to TC	CCF)	Yes		No	
3)	Funds spent based upon original application. If not, attach TCCF approval for exceptions.		Yes		No	
4)	Any public announcements or media releases completed? (We would appreciate if you emailed picturesJPEG format p	oreferred - or to	Yes ag TCCF	in Facel	No book po	□ sts)
	Special conditions (<i>if any</i>) see Grant Agreement:					
_						
N	IAME: (print)TI	TLE:				
SIGNATURE: DAT		ATE:				
E	MAIL ADDRESS:					