FY24 Community Impact Grant Final Report

Funds Received July 1, 2023 – June 30, 2024

Organization: _____

Contact: _____

Phone: _____   **Email:** _____

Project Name: _____

Grant Amount: $ _____   **Total Cost of Project:** $ _____

Project Dates: _____

_____

Please answer the questions below. You may add as many extra lines as needed in order to give a complete, yet concise answer. Reports should not be hand-written.

1. Were you able to complete the project as stated in your original application? _____ Yes   _____ No Please describe the effect of this program on the community. If you answered no, state any problems you encountered. (In this section, please also describe the population served by including the number of people participating and any demographics.)

2. Describe the outcomes of the project. Describe the evaluation practices used in measuring the program.

3. Describe any collaborative partnerships associated with this program. Please state the partner and their role(s). Please include any partnerships with organizations located within Richland County that have similar missions as your organization.

REQUIRED ATTACHMENTS

___ Grant Expenses List - Attach an **itemized list of expenditures** that includes vendor name, total amount, expense purpose, and date paid.

___ Copies of valid invoices <u>and</u> proof of payment for each grant expenditure. Proof of payment is a copy of a cancelled check, bank statement showing a cleared check or credit card receipt. All grant expenses must tie to expenses outlined in the application budget. **All expenditures should match up to payment requests and original grant budget.**

___ Samples of acknowledgement of Richland County's support.

ORGANIZATION SIGNATURE:

Provide signature of official within organization, verifying accuracy of above statements. Failure to produce completed, accurate reports may result in withholding of future grant allocations.

_____   _____

    Name   Title

_____   _____

    Signature   Date