Nicholas County Community Foundation



Grant Award Final Report

Organization	
Contact Person	
Grant Award ID#_	
Due Date	

Note: This Grant Award Final Report must be submitted by May 1, 2021 or a due date for the final report will be assigned to grant recipients upon approval.

> Please mail completed report to: PO Box 561 Summersville, WV 26651

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NCCF GRANT DISTRIBUTION FINAL REPORT

	PROJECT SUMMARY	Grant Award ID#
Organization	Project Director	
Title of Project	Amount of Award \$	

I. Give a detailed summary of your grant project: Please attach additional pages if needed

II. Describe how this grant project has made a positive impact within your organization: Please attach additional pages if needed

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PROJECT SUMMARY (continued)

III. Describe how this grant project has made a positive impact within the community: Please attach additional pages if needed

IV. Share one story or example of how or why this grant project was successful.

- V. Please attach a copy of the news article you submitted to the Nicholas Chronicle highlighting the NCCF's contribution to your project.
- VI. If available, please include any photos that we may use to highlight the success of your project and the impact of the NCCF Grant Program. Photos of minors submitted must have appropriate parental permission.

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STATEMENT OF EXPENDITURES

Grant Award ID#		
I. Amount of Grant A	ward	\$
II. Expected Budget an	nd Actual Expenditures	
Budget Item	Expected Cost	Actual Cost
Please attach additional pag	es if needed	

III. Expenditures

A Cost of Matorials/Supplies	
A. Cost of Materials/Supplies Attached receipts must reflect amount entered	\$
P. Cost of Travel (i.e. milesco, cirfore, moste, etc.)	
B. Cost of Travel (i.e.mileage, airfare, meals, etc.) Attached receipts must reflect amount entered	\$
C. Other Costs	
Attached receipts must reflect amount entered	\$
TOTAL COSTS	
Must meet or exceed the amount of Grant Award	\$
Please attach all receipts to the corresponding expenditure page.	

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A. Cost of Materials/Supplies	page 4
B. Cost of Travel	page 5
C. Miscellaneous Costs	page 6

I,	_ (name, title), hereby attest all of the of the	
(organization) is true and accurate to the best of my knowledge.		
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Signature	Date	

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FINAL REPORT

RECEIPTS

A. Costs of Materials/Supplies

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RECEIPTS

B. Cost of Travel

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RECEIPTS

C. Other Costs