

**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**

# 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



**NCCF GRANT DISTRIBUTION**  
**FINAL REPORT**  
STATEMENT OF EXPENDITURES

Grant Award ID# \_\_\_\_\_

I. Amount of Grant Award \$ \_\_\_\_\_

II. Expected Budget and Actual Expenditures

<u>Budget Item</u>	<u>Expected Cost</u>	<u>Actual Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach additional pages if needed

III. Expenditures

A. Cost of Materials/Supplies Attached receipts must reflect amount entered	\$ _____
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	\$ _____
<b>TOTAL COSTS</b> <b>Must meet or exceed the amount of Grant Award</b>	<b>\$ _____</b>

Please attach all receipts to the corresponding expenditure page.

- 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 information provided in this final report on behalf of the \_\_\_\_\_ (organization) is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# NCCF GRANT DISTRIBUTION

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