

**Nicholas County Community Foundation**



# **Grant Award Final Report**

**Organization** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_  
**Due Date** \_\_\_\_\_

**Note: This Grant Award Final Report must be submitted by May 1, 2024 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**

PROJECT SUMMARY

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.

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

<b>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.</b>	
_____	_____
Signature	Date

# FINAL REPORT

## RECEIPTS

### **A. Costs of Materials/Supplies**

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B. Cost of Travel

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RECEIPTS

C. Other Costs