



2017 Final Report

Grant Recipient Information

Organization Name: _____

Fiscal Sponsor (if different): _____

Project Director: _____

Postal Address: _____

Phone: (_____) _____ Email Address: _____

The check will be made to your organization or fiscal sponsor.

Grant Financial Information

Total Project Cost: \$ _____ (The sum of the grant and the matching amounts.)

OCT/CCCC Grant Amount: \$ _____

Total Matching Funds Amount: \$ _____

(Cash: \$ _____, In-kind donation: \$ _____, Volunteer: \$ _____)

Please attach a summarized financial statement of actual income and expenses.

List the names of local contributors who provided matching funds

General Information

Brief Project Description:

(Please give a brief summary description of the funded project or program.)

Number of Individuals Benefiting from and/or participating in the project or program:

Grant Impact/Results:

(Please provide a two or three sentence describing the impact of the funded project. What were the results? Describe what your organization hoped would happen and in what ways the participants, the community and/or the organization were affected.)

Photos of the funded project or program.

(Please provide at least one photo. Images and photo(s) to be in PDF, JPEG or TIFF.)

Achievement of CCCC Benchmarks

Provide a brief narrative of how this program or project achieved the stated goals of the grant and met the priorities of CCCC; refer to our website, www.columbiacultural.org for the current cultural plan and priorities. These are also listed in the Grant Application form.

Send your report along with your request for payment and supporting documentation (refer to Grant rules on your award letter) by October 15, 2017

Document to be in Word. Images and photo(s) to be in PDF, JPEG or TIFF.

Kannikar Petersen
CCCCB Treasurer
kpetersen@akaandesign.com