City of Craig LMD Dissolution Funds

Grant Final Report

Complete this report after the funded project or program is finished. Attach receipts, invoices, proof of payment, photos, marketing or publicity materials, and any deliverables required by the City or award agreement.

Project Title: _____ **Report Date:** _____

Organization: _____ **Awarded Amount:** $ _____

Primary Contact: _____ **Completion Date:** _____

Completed as approved? ☐ Yes ☐ No

Project Description

1. Briefly describe the project. What was done and where did the project activities take place?

2. Who were the beneficiaries and what was the actual or expected long-term community impact of this project?

3. If a cooperating organization was involved, what was their role?

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Final Report - Financial Summary

4. Income

Income Source	Amount
Total Project Income	

5. Expenditures

Expenditure Source	Budgeted Amount	Actual Amount
Total Project Expenditures		

6. Please explain any variance of more than 5% between the budgeted amount and the actual amount, including the reason for the variance and why the alternative was chosen.

7. What worked well on this project and why?

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Final Report - Outcomes and Certification

8. What did not work well and how would you suggest improving it?

9. How was this project publicized and how was City of Craig support recognized, if applicable?

10. Provide key outcomes or metrics, such as attendance, visitors served, businesses assisted, dollars leveraged, media reach, or other measurable results.

Required Attachments

- [ ] Receipts, invoices, and proof of payment for expenditures paid with City funds
- [ ] Final project budget or financial summary, if different from the table above
- [ ] Photos, publicity, marketing examples, or project deliverables, if applicable
- [ ] Other documentation required by the City or award agreement

Certification: By signing this report, I certify that, to the best of my knowledge, the information provided is true and complete. I certify that City of Craig LMD dissolution funds were spent in accordance with the approved request, any award conditions, and applicable City requirements. I understand that supporting documentation must be retained and provided upon request.

Certifying Signature: **Date:**

Print Name: **Title:**