



PRIDE COMMUNITY GRANT FINAL REPORT

Grant Number

Award Date

Organization

1. Were any problems incurred that affected completion of the project?

2. What agencies and groups worked on the project?

- | | |
|---|---|
| <input type="checkbox"/> County/City Road Crews | <input type="checkbox"/> Local Civic Groups |
| <input type="checkbox"/> Boy/Girl Scouts | <input type="checkbox"/> Volunteer Fire Departments |
| <input type="checkbox"/> Church Groups | <input type="checkbox"/> Inmates |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Other _____ |

3. Is your project complete? Yes _____ No _____

If yes, date completed _____

If not, why?

4. Did you meet your goals? Yes _____ No _____

If not, why?

5. Amount of program income generated \$_____.

Signature of Authorized Representative

Date

This report is due within 30 days of completion of project.