Boone Electric Community Trust
Final Grant Report

This report is due no later than six months after grant money is received from the Boone Electric
Community Trust. Failure to submit this form may disqualify your organization from future funding

Organization Information

**Name of Organization:** Click here to enter text.

**Address (including city, state and zip):** Click here to enter text.

**Contact Person:** enter text. **Daytime Phone:** enter text. **Email:** enter text.

Grant Information

**Project/Program Name:** Click here to enter text. **Date Grant Approved:** enter a date.

**Was this project carried out as planned?** Yes [ ]  No [ ]

**If no, please explain:** Click here to enter text.

**List the major objectives of the project and indicate the ways they were achieved.**

Click here to enter text.

**Summarize the effectiveness of your project. Please be specific and include numbers where appropriate.**

Click here to enter text.

**What impact has this Boone Electric Community Trust grant had on your organization and/or people you serve?**

Click here to enter text.

**If this project is expected to be an ongoing effort, what are your plans for continued funding?**

Click here to enter text.

**Did you issue a press release and/or publish news about this grant?** Yes [ ]  No [ ]

**If yes, list how and where, and attach a copy.**

Click here to enter text.

**May we quote you for Boone Electric Cooperative newsletters or other publications?** Yes [ ]  No [ ]

**Please include any documentation that shows the funded project was completed as intended. This may be a letter, newspaper articles, photos, etc.**

Financial Information

**Amount of grant received:** Click here to enter text. **Amount spent on project\*:** Click here to enter text.

***\*(If your group did not use all the funding for the specified purpose, please return the remainder with this report if over $100.)***

**Please attach a statement of expenses for the above project. Attach copies of invoices paid, receipts, etc.**

**I certify that the above information is true to the best of my knowledge and that I am authorized to sign on behalf of this organization.**

 Click here to enter text.

**Signature**  **Print Name**

Click here to enter text. Click here to enter text.

**Title**  **Date**