

## **Discretionary Grant Final Report**

Funds Received July 1, 2019 – June 30, 2020

Organization:  Contact:		
Project Name:		
Grant Amount: \$	Total Cost of Project: \$	
Project Dates:		
Please answer the questions below. complete, yet concise answer. Repor	You may add as many extra lines as needed in order to give a rts should not be hand-written.	
Please describe the effect of this prog	oject as stated in your original application? Yes No gram on the community. If you answered no, state any problems you also describe the population served by including the number of people	
2. Describe the outcomes of the proje	ect. Describe the evaluation practices used in measuring the program.	
-	ships associated with this program. Please state the partner and their ips with organizations located within Richland County that have similar	

REQUIRED ATTACHMENTS	
Grant Expenses List - Attach an itemized	list of expenditures not included in the Mid-Year report that
includes vendor name, amount, expense purp	ose, and date paid.
a cancelled check, bank statement showing a	ment for each grant expenditure. Proof of payment is a copy of cleared check or credit card receipt. All grant expenses must tie et. All expenditures should match up to payment requests and
Samples of acknowledgement of Richland	d County's support.
ORGANIZATION SIGNATURE:	
Provide signature of official within organization completed, accurate reports may result in within organization.	on, verifying accuracy of above statements. Failure to produce
, , , , , , , , , , , , , , , , , , , ,	
Name	Title
Signature	Date

For questions, please call Tyler Kirk, Grants Coordinator at 803.576.5459.

Richland County Budget and Grants Management P.O. Box 192 Columbia, SC 29202 Fax 803.576.2138 Email grantsmgmt@richlandcountysc.gov