**PLEASE PRINT.**

*To type your report, visit www.GalenaCountryFair.com/grant-program to download the Word file.*

**Today's Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant Amount:** \_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project / Program Status:**

has your organization spent 100% of the grant award? **🞎 yes 🞎 no**

If NO was checked, answer A. and B.

1. How much of the grant award is unspent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Please provide an explanation of how and when the remaining grant funds will be spent:

1. **Copies of Receipts:**

attach itemized copies of all receipts for purchases made with the grant.

1. **Submit:**

mail this report and the receipts to the following address:

JDCCFC

PO Box 6394

Galena, IL 61036