## **Washington County Office of Grant Management**

## Community Organization Funding Grant Report

Organization:						
Program/Project	Name:					
Contact Person:				Phone:		
Grant Report is for	r funding	received in (year):				
☐ Funding w	as expen	ded as proposed i	n the COF app	lication		
Give a brief ove	erview of	the project/progr	am/service for	which funding	was received.	 
		Return on Investn ude measurable dat				

Expenditure Report	Award:		
List specific expense(s) below		Amount expended	
	_		
	_		
	_ _		
	7		
Total Funding	r Evnandad		
Explain any difference in Award versus Total Funding Exp	pended:		
Please review and place a check mark in each box below			
Supporting documentation of expenditures is being re	tained by my	organization for future inspe	ction.
I hereby certify that the information provided herein in inaccurate information may impact consideration of frecover all or a portion of the funding provided during	uture applicat	ions, and, the County may ele	
Expenses certified by:		Date:	
D. C. LIV			
Printed Name:			