

Pocahontas County Artisan's Co-op

Final Report for Grant Funding

Organization ( if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone # \_\_\_\_\_

Report date \_\_\_\_\_

Grant award date \_\_\_\_\_

Amount of grant funds provided \_\_\_\_\_

What did you experience or achieve through the use of the grant funds?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was the experience helpful to you or your community. Please explain.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of unspent grant funds returned to PCAC-Co-op \_\_\_\_\_

*Please attach receipts for grant funds spent.*

Signature of grant recipient or contact person

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