Sussex Area Community Foundation

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**Grant Expenditure Report**

Grantee:

Amount:

Grant Purpose:

Date Authorized:

Grant Period: 1 Year

In accordance with the conditions of the Grant Agreement for the above listed grant, please complete this form and submit it, along with full financial accounting of the expenditure of these grant funds and at least one (1) picture related to the grant project to the Sussex Area Community Foundation Inc. within one year (365) days of receiving the grant or before another grant can be issued to this organization.

Thank you!

Describe the impact of the grant supported project and the specific activities which support the Grant Purpose indicated above (Use additional sheets if necessary.)

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Did you generate any press releases or public announcements related to this grant project?

Yes \_\_\_ No \_\_\_

If press releases or public announcements related to this grant project were generated, please provide a copy for our records. These will become the property of the Sussex Area Community Foundation Inc. and will not be returned to you.

Please provide any comments or suggestions you may have regarding the grant submission, acceptance or funding process.

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

Signature: Date:

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Print Name and Title:

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*(If you have any questions, or would like this form in MS-Word format, please contact Miriam Verschoor at sacfi@nb.aibn.com.)*