

**MALHEUR COUNTY CULTURAL TRUST
GRANT PROGRAM AGREEMENT
EXHIBIT B
FINAL REPORT FORM**

Date: _____ Project Name: _____

Applicants Name: _____

Agreement Starts: _____ Agreement Ends Date: _____ Number # _____

Brief Description of Work Completed During the Project

Project Problems or Delays

Amount of Matched Funds Expended

(Include volunteer hours)

Project Completion

Report Completed By: _____

Title: _____

Send to: **Malheur County Cultural Coalition**
ATTN: Charlotte Fugate, Grant Manager
821 SW 2nd St
Ontario, OR 97914

EXHIBIT C

Cultural Trust Committee Malheur County Billing Form

MCCT Applicants:		Billing #
Project Name:		
Date of Approval:	Date Work Started	
End of Billing Period:	Partial Bill <input type="checkbox"/>	Final Bill <input type="checkbox"/>

✓ **PROJECTED BUDGET WORKSHEET:**

		\$ Estimated		Final Report Actual \$	
	Contractor/Consultant				
	Staff Time				
	Materials & Support				
	Volunteer Time				
	Design, Printing, etc.				
	Travel				
	Other – Permits etc.				
	TOTAL				

✓ **SOURCE of FUNDING WORK SHEET:**

	Staff Time				
	MCCT Grant Funds				
	Other Funds				
	Organization Cash				
	TOTAL				

9. Total Cost of Project \$
 10. Grant Request (Amended) \$
 11. Minus Funds already disbursed \$
 12. Total available for Distribution \$

13. Amount this Request \$

I certify that this reimbursement request is correct and is based on actual costs incurred during the project period and can be supported by documentation by this agency.

I also certify that the work and services which have been performed to date are in accord with the approved project agreement, including amendments thereto.

Program Director _____

Signature of Applicant Authorized to Submit Report

Title

Date