



GRANT REPORT FORM

SECTION I – ORGANIZATION INFORMATION

Requesting Organization:

Contact Name:

Title:

Phone:

Email:

Mailing Address:

City:

State:

Zip Code:

SECTION II – PROGRAM/PROJECT INFORMATION

Program/Project Name:

Program/Project Type:

Program/Project Outcomes (what did you accomplish?):

Completion Date:



Approximately how many individuals were impacted by this program/project?

Demographic of individuals impacted (select all that apply): YOUTH ADULTS

GENERAL PUBLIC LOW INCOME MINORITIES RURAL

Eastern Panhandle counties impacted by this program/project (select all that apply)

BERKELEY GRANT HAMPSHIRE HARDY JEFFERSON

MINERAL MORGAN PENDLETON TUCKER

List any areas outside of the Eastern Panhandle of WV that were impacted by this program/project:



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SECTION III – BUDGET

Grant Amount Received:

Backup Documentation Requirements:

- Submission of paid invoices (or similar documentation) showing cost incurred to the Grant Recipient is required.

List actual program/project expense and funding information in the table below:

Expense Category	Expense Description	Expense Amount	Funding Type	Funding Source	Funding Amount
	TOTAL EXPENSES			TOTAL FUNDING	



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SECTION IV – CHECKLIST AND CERTIFICATION

1. Grant Report Form Completed
2. Backup Documentation required is attached as listed in section III
3. Sign and date the certification below
4. Submit grant report to Candus Sutphin using a method below:
 - a. Email to: csutphin@wvumedicine.org
 - b. Fax to: (304)264-9042 ATTN: Candus
 - c. Mail to: EAHEC
Attn: Candus
2500 Foundation Way
Martinsburg, WV 25401

I hereby certify that all information contained in this report and all information attached to this report, as applicable, is true and complete to the best of my knowledge.

Signature

Date

THIS SECTION FOR EAHEC USE ONLY

Date report received:

All required backup documentation received? YES NO

Review date: APPROVED RETRUNED FOR RESUBMISSION

Funding amount awarded:

Additional information: