

CITY OF GRESHAM

Neighborhood Matching Grant Completion Report for 2021-22 Grant Cycle

This report must be completed, signed and returned to the City before further grant requests from your organization can be considered. Please use no more than two pages for your report narrative and one page accounting your expenditures.

If your project is incomplete your organization will be responsible for informing the City when the project will be complete and providing a supplemental report answering the questions your organization can't answer at this time, as well as, an update regarding expenditures and matches will be due within six weeks of the project's final completion.

Date: _____

Neighborhood Association: _____

Project Funded: _____

Amount of Grant: _____

Period that this report covers: ____/____ to ____/____

Contact/s: _____

Telephone Number: _____

Email: _____

1. **Referencing the goals and objectives described in your original grant request (or any revisions submitted subsequent to the grant award), please indicate the following:**
 - a) *What were your major accomplishments?*
 - b) *What steps or actions were used to meet your objectives and goals?*

2. **Please describe the population served or the community reached by your grant project.**

3. **Were there any unanticipated results, either positive or negative? What did you learn from them?**

4. **Describe any setbacks or change in plans encountered during the period of this grant.**
 - a) *How did these setbacks or changes impact your organization or project?*
 - b) *How were these setbacks or changes addressed?*

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5. **What steps are being made to ensure the sustainability of your project or beyond this grant period?**

6. **If your program involved collaboration with other organizations, please comment on its effect upon your association.**

7. **Do you have any advice for future associations that want to develop a similar project?**

8. **Please outline expenses that have been paid for using the City grant funding. Attach receipts that account for grant funds and document volunteer hours and donations that account for the required 50% matching funds. Unused funds from the grant must be returned to the City, as stated in the grant guidelines.**

9. **If applicable, please attach photos, flyers, news clippings, etc. associated with the project.**

I hereby certify that the above and attached statements are true and accurate.

Signature of Association President

Date