

**Community Initiatives and Affected Areas Program Final Reporting Form**

**Applicant Profile**

<b>Organization Name:</b>	
<b>Project Name:</b>	

**Primary Contact information**

<b>Name:</b>		<b>Title:</b>	
<b>Address:</b>			
<b>Phone Number:</b>		<b>E-mail:</b>	

**Please describe your project**

**What was the outcome of your project? (Did it meet your anticipated outcome?)**

**How did your project benefit your organization? How did it benefit the community?**

**Program Budget**

<b><u>Revenues:</u></b>	<b><u>Source:</u></b>	<b><u>Amount:</u></b>
CBT funding:		
Other Funding:		
Other Funding:		
In-Kind Contributions:		
Cash Contributions (from your organization):		
Other:		

<b><u>Expenditures:</u></b>	<b><u>Description:</u></b>	<b><u>Amount:</u></b>
Administrative Costs:		
Contractor Costs:		
Publications:		
Equipment Purchases/Rentals:		
Construction Related Costs:		
Other:		
Other:		

<b>Total Revenues:</b>	
<b>Total Expenditures:</b>	
<b>Funds Returned (if Applicable):</b>	

**Attachments:**

Photos of project (if applicable)