**Community Initiatives and Affected Areas Program**

**2022 Final Reporting Form**

**Applicant Profile**

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| --- | --- |
| **Organization Name:**  |  |
| **Project Name:** |  |

**Primary Contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |       | **Title:** |       |
| **Address:** |       |
| **Phone Number:** |       | **E-mail:** |       |

**Please describe your project**

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

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|       |

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

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**Program Budget**

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| **Revenues:** | **Source:** | **Amount:** |
| CBT Funding:  | CBT CIP/AAP (amount awarded) |       |
| Other Funding:  |       |       |
| Other Funding: |       |       |
| In-Kind Contributions:  |       |       |
| Cash Contributions (from your organization): |       |       |
| Other: |       |       |
| **Expenditures:** | **Description:** | **Amount:** |
| Administrative Costs:  |       |       |
| Contractor Costs:  |       |       |
| Publications: |       |       |
| Equipment Purchases/Rentals: |       |       |
| Construction Related Costs: |       |       |
| Other:  |       |       |
| Other: |       |       |
|       |       |       |
|       |       |       |
|  |  |  |
| **Total Revenues:** | 0.00 |
| **Total Expenditures:** |  0.00 |
| **Funds Returned (if Applicable):** |       |

**Attachments:**

 [ ]  Photos of project (if applicable)

 [ ]  Project Receipts