

ACDS Mini-Grant Summary Report

Instructions: This form, along with appropriate documentation, is to be submitted to ACDS/WVECTCR by December 31 (fall semester award) or June 30 (spring semester award). Failure to complete grant requirements, submit required documentation, and/or return any unspent funding, will eliminate eligibility to receive a grant award in the following year.

Please attach documentation to support grant expenditures:

- Legible itemized receipts showing the date of purchase, item name, item amount, total paid
- Legible invoice and packing slip showing the date or purchase, date of delivery, item name, item amount and total paid
- Receipts and payment documentation must reflect services provided/materials purchased during the grant award period.
- Publicity materials for grant project (if applicable)
- If full mini-grant award funding was not expended, return unspent funding with this report. Make check payable to RVCDS.

| | | | | Date | : | | |
|--|--------|------------------|-----------------|------|---------|--|--|
| Full Name of Organization/Recipient: | | | | | | | |
| Contact Person: | | | Position/Title: | | | | |
| Mailing Address: | | | | | | | |
| City: | State: | | Zip Code: | | County: | | |
| Phone Number: | | Fax Number: | | | | | |
| E-mail Address: | | Website Address: | | | | | |
| Additional Contact Information: | | | | | | | |
| Grant Award Amount: | | | Grant Amount Sp | ent: | | | |
| Grant Award Period: a fall semester b spring se | | | | | | | |

| Describe how the project's objectives were achieved. | | | | | | | |
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| Where did the project take place? | | | | | | | |
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| How did the project benefit your local council? | | | | | | | |
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| Approximately how many people benefited from the project and how? | | | | | | | |
| Approximately now many people benefited from the project and now. | | | | | | | |
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| Other information. | | | | | | | |
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| Next steps for the project (if applicable). | | | | | | | |
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| DETAILED LIST OF GRANT FUNDED EXPENDITURES | | | | | | | |
|---|------|----------|-----------------|--|--|--|--|
| VENDOR | ITEM | QUANTITY | BUDGETED AMOUNT | | | | |
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| | | TOTAL: | | | | | |
| RETURN COMPLETED REPORT AND DOCUMENTATION TO: | | | | | | | |
| ACDS | | | | | | | |
| ATTN: ACDS MINI-GRANT PROJECT | | | | | | | |
| 611 SEVENTH AVE, SUITE 208 | | | | | | | |
| HUNTINGTON, WV 25701 | | | | | | | |
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