

FOR OFFICE USE ONLY

Project Number: _____

Due Date: _____

Date Received: _____

SMAHC Arts Organization Networking Grant Final Report Form

This form must be returned to SMAHC no later than 30 days from the event for which you have requested funding.

Your name, organization name and address:

Networking activity funded:

Date of activity:

Amount awarded by SMAHC (cannot exceed \$500): \$

Submit receipts for expenses up to the total grant award with this form. Calculate mileage at \$.375/mile.

Total amount spent on activity (including organization, personal funds or other match): \$

Describe the purpose of this event or activity:

What were your expectations? Did the event fulfill your expectations? Describe.

Signature: _____ Date _____

Make check payable to (must be an organization): _____

Please submit completed form to: **SMAHC, 1210 E College Drive, Suite 600, Marshall, MN 56258 or via e-mail (smahcinfo@iw.net).**