



GRANTEE SUMMARY REPORT

Mark One:

<input type="checkbox"/>	Mid-Year (due June 30)
<input type="checkbox"/>	Final (due Dec. 31)

Agency Name:	Project Name:
--------------	---------------

1. Summarize project and its status or end results (how many people it benefitted, etc.):

--

2. Project Profit or Loss

SOURCES OF FUNDING

LCF Awarded Grant Amount:	\$
Funding from Other Sources (list names, details):	\$
	\$
	\$
	\$
Total Project Funding:	\$

EXPENSES (actual expenses, costs)

	\$
	\$
	\$
	\$
Total Expenses:	\$

NET PROJECT PROFIT OR LOSS (Total Project Funding - Total Expenses):	\$
---	-----------

3. List any in-kind services or materials and estimated value:

	\$
Total Value:	\$

As Grant/Program Manager, I confirm that these grant funds were spent only for eligible items in accordance with the LCF grant agreement and approved conditions.

Signature:	Print Name:
Title:	Date: