Grant Final Report

Name of Organization _____ Phone _____

Mailing Address _____

Contact Name _____ Alt. Phone _____

Amount of Funding Received _____ Date Received _____

How many persons were served with the funds? _____

How were the funds utilized? _____

_____

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****Please attach receipt(s) listing itemized purchases from funds received.****
*****PHOTOS OF ITEMS PURCHASED ARE ENCOURAGED AND APPRECIATED!*****
****San Clemente Ocean Festival name and/or logo displayed on items purchased, when possible, is also encouraged and appreciated****

I hereby certify the information contained is true to the best of my knowledge and belief.

_____

Signature Title Print Name Date

*Please note: Failure to return this document to the San Clemente Ocean Festival may jeopardize any future consideration for requests submitted for your organization.