



## Post Project Summary Form

### **SECTION A:**

Name of Organization: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Date of Project Completion: \_\_\_\_\_

### **SECTION B:**

You may attach up to two sheets of paper that include the following information about the project.

1. In the space below describe the goals of the project.

2. List and describe the expenses related to the project.

3. List and describe any media coverage or customer feedback/responses related to the project.

**SECTION C:**

Additional Comments or future plans for the event:

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Would this organization consider applying for the ANFVB grant again in the future? \_\_\_\_\_

**SECTION D:**

This summary is due no later than **60 days** after the completion of the project. Failure to submit this summary on time will jeopardize your organization's ability to receive future ANFVB grants.

***By signing and submitting this form you are recognizing that hereafter your contract with the ANFVB grant program is closed and you will no longer be eligible to submit requests for reimbursement for the FY25 Grant Program after the date below.***

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date Submitted



Allegheny National Forest Visitors Bureau  
Grant Reimbursement Form

Name of Organization: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Date of Project Completion: \_\_\_\_\_

Total amount of grant awarded: \$ \_\_\_\_\_

Amount reimbursed to date: \$ \_\_\_\_\_

Amount requested today: \$ \_\_\_\_\_

Remaining grant balance: \$ \_\_\_\_\_

**Note: It is the responsibility of the participant to keep track of amounts reimbursed to date as well as the remaining grant balance.**

Itemize each expense that is being submitted for reimbursement today in the space below. (Include description of ad or materials, name of publication, drop dates, number to be distributed for mailings etc.)

1.
2.
3.
4.

Attach separate copies of the items listed below to this reimbursement form. **All items must be submitted on separate sheets of paper. Do not combine copies of checks or invoices on one sheet.**

Copy of ad or material submitted

Proof of payment

Copy of original vendor invoice

Completed reimbursement form

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date Submitted

Date ANFVB Reviewed and Approved: \_\_\_\_\_