



Allegheny National Forest Visitors Bureau Grant Program 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:

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: _____