



**LWVNYS EF Grant Management Service**  
 League of Women Voters of New York State Education Foundation  
 62 Grand Street, Albany, NY 12207  
 Phone: (518) 465-4162 Fax: (518) 465-0812

## FINAL REPORT FORM

Date: \_\_\_\_\_ LWV of: \_\_\_\_\_

Project Title: \_\_\_\_\_ Project Manager Name: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

Title of Person Completing Form: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The following is a final financial and program report of the grant made for expenses incurred in connection with the following project. (SEE BELOW FOR FINANCIAL ITEMIZATIONS.)

PROGRAM DESCRIPTION: You may use the space or attach a separate piece of paper, please describe the activities completed with this grant. Please include a brief description, project accomplishments, distribution and visibility and all relevant dates.

### FINAL PROJECT BUDGET

<b>PROJECT TITLE:</b> _____	
Actual Income: Ed Fund Grant Requested \$ _____ Local League Funds \$ _____ Total Other Income \$ _____ <b>PROJECT TOTAL</b> \$ _____	Actual Expenses: (List items funded by this grant below) a. _____ \$ _____ b. _____ \$ _____ c. _____ \$ _____ d. _____ \$ _____  <b>TOTAL \$</b> _____
If Actual Income exceeds Actual Expenses, the amount you are remitting to your Grant Management account: \$ _____ (please make check payable to LWVNYS EF)	
Person to whom check should be issued: <b>Name:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____	
<b>Street Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	

Please send a copy of this report and one copy of any material published through this project to the LWVNYSEF no later than 60 days following the completion of this project. Keep a copy of your League files. REMEMBER TO KEEP ALL RECEIPTS AND FINANCIAL RECORDS FOR THIS PROJECT!

*Send this form to LWVNYS Education Foundation, Inc.—address at the top of the page.  
 KEEP A COPY FOR YOUR RECORDS.*