

PROJECT COMPLETION REPORT

GRANT NUMBER _____ DATE: _____

Applicant Club Name: _____

Project Chairperson Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ E-mail Address: _____

1. Project Name: _____

2. Provide a brief description of the completed project with dates:

3. Attach copies of receipts or checks if possible.

4. Attach copies of or describe any publicity received in connection with this project.

5. If applicable, was equipment properly identified (plaque, etc.)? Yes No

6. Will equipment revert to your club when no longer needed? Yes No

7. How will you know when equipment is no longer needed by recipient?

8a. Is the recipient willing to make a testimonial for DLF's Newsletter? Yes No

8b. Is the recipient willing to make a testimonial for DLF's Brunch? Yes No

8c. If "Yes" for either question, provide contact information:

9. Was an equipment loan agreement prepared for this project? Yes No

10. Submitted by: _____