



**FY23 Arts and Humanities
Project Grant Reimbursement Form**

Grant Title: _____

Name of Organization: _____

Remittance Address: _____
(Check should be mailed)

**Primary Contact
Title:** _____

Name: _____

Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Name: _____

Title: _____

**Please review your grant proposal and the goals of the grant program before
answering the following questions.**

Is your project complete? If so, please describe the outcome of your project. If not, describe what your project has achieved so far.

How does your completed project meet the goals of the grants program?

Was it necessary to make any changes in the proposed project? If so, please explain any modifications to the project.

Describe any budget changes or other financial adaptations required by unforeseen circumstances.

If available, please attach copies of relevant materials such as a brochure, article, photo that describes the projects accomplishments or links to online materials

Financial Information

Expenses must match the budget submitted with the application. Copies of paid receipts, credit card statements or cancelled checks must be submitted with the reimbursement form. Purchase orders are not acceptable proof of payment.

Vendor Name	Description	Amount
Total	\$	