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**Tobacco Region Revitalization Commission**

**Grant Reporting Form**

Report as of:

\_\_\_ Annual Grant Report: **Complete Sections I-III**

\_\_\_ Final Grant Report Form: **Complete Sections I, II, IV**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION I – General Information** | | | | | | | | |
| Project Title: | |  | | | | | | |
| Name of Grant Recipient: | | | |  | | | | |
| Grant Number: | |  | | | | | Award Amount: |  |
| Contact Person: | | |  | | | | | |
| Phone: |  | | | | Email: |  | | |

|  |  |  |
| --- | --- | --- |
| **SECTION II – Overview of Current Project Status** | | |
| Total Project Costs To-Date  (Actual Cash Expenditures): |  | |
| Total TIC-Funds Expended To-Date  (Actual Cash Expenditures): | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please refer to grant application or revised budget sheet in completing the chart below.*** | | | |
| **Line Item** | **TIC Awarded Budget** | **Total TIC Expended** | **TIC Award Balance** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |

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| --- |
| Please describe project activities and milestones that occurred during this grant reporting cycle. |

|  |  |  |
| --- | --- | --- |
| Please note in the chart below what other funds sources have been used to-date. | | |
| **Source** | **Amount** | **Type (Cash/In-Kind/Grant)** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

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| Briefly describe what these sources of other funds have been used for. |

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| Please explain any *anticipated* changes to scope and/or budget from the original grant proposal. |

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| **SECTION III – Future Project Activities** |
| Please describe the plan use for the remaining TIC funds, the timeframe for using those funds and any anticipated project challenges. |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION IV – Project Outcomes** | | | |
| Total number of individuals served by this project: | | |  |
| Description of population served: |  | | |
| Number of individuals served who are directly affected by tobacco-related industry: | |  | |
| Please describe the estimated future costs and sources of funds for this project (annual operating expenses and revenues). | | | |

|  |  |
| --- | --- |
| **SECTION V – Form Submission** | |
| *Once the report has been completed, please save a copy for your records and upload the report to the grantee portal activity.*  If this is a **Final Grant Report**, please include a copy of this report with the final voucher submission and forward to your respective Regional Director: | |
| Sarah Capps | Sara Williams |
| Southern Regional Director | Southwest Regional Director |
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| Rocky Mount, VA 24151 | Abingdon, VA 24212 |
| Phone: 540-483-0179 ext. 2168 | Phone: 276-619-4325 |
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