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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**

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

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

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| ***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. |

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| 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. |

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| **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). |

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| **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 |
| 50 Claiborne Avenue | P.O. Box 1987 |
| Rocky Mount, VA 24151 | Abingdon, VA 24212 |
| Phone: 540-483-0179 ext. 2168 | Phone: 276-619-4325 |
|  |  |
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