



LMD Grant Final Report

Project Title: _____ Date _____

Project Description:

1. Briefly describe the project. What was done and where did the project activities take place?

2. Who are the beneficiaries and what is the expected long-term community impact of this project?

3. If a cooperating organization was involved, what was their role?

8. What did not work well and how would you suggest improving it?

9. How was this project publicized?

By signing this report, I confirm that to the best of my knowledge These LMD funds were spent in accordance with what was approved by the LMD for the grant.

_____ Date: _____
Certifying signature of primary contact

Print name _____