City of Ashland
Contributions & Gifts
Completion Report

Organization Name: _____
Legal Applicant: _____
Mailing Address: _____
City, State, Zip: _____
Office Phone: _____ Email: _____

Provide information on the services that were provided by your organization to the citizens of Ashland and how they benefitted from this service. Please describe the way in which the contribution was expended in compliance with application approval by the following categories.

1) Brief detailed overview:

2) Personnel / Benefit costs:

3) Project costs as described on application:

Total $ _____

I _____ attest that the monies awarded by the City of Ashland to the organization were
(printed name)
expended in accordance with the approved grant application, the organization will grant the city full and complete access to the organization's financial records upon request and I have authority granted by our Board of Directors to act on behalf of the organization on Grant Completion terms and conditions.

SIGNATURE: _____ DATE: _____

NOTARY: _____ DATE: _____