**DURHAM COUNTY MATCHING GRANTS PROGRAM**

# Final Report

## Durham County Matching Grants Program

## Budget and Management Services Department

County Administrative Complex, 4th Floor

### 200 East Main Street

Durham, NC 27701

#### Project Click here to enter text.

Grantee **Click here to enter text.**

#### Grant Amount $ **$0.00**

#### Grant Contract Date Click or tap to enter a date.

**A FINAL REPORT must be submitted for all projects along with the last request for funds. The project is not considered complete and funds will not be disbursed without a FINAL REPORT on file. The report must also be submitted with documentation of expenditures one month after an advance of total grant funds***. (This report is to serve as the applicant’s internal assessment of the project’s accomplishments. It will be used as the determining factor in the DOST’s consideration of future projects and in the evaluation of the merits of all projects of this type.)*

#### Evaluate Planned Project Objectives

#### List Project Objectives (Refer to accepted application)

Click or tap here to enter text.

**Rate Accomplished Objectives 1(low) to 10 (high)**

Click or tap here to enter text.

1. Project Activities and Results

**Project Activities Planned**

Click or tap here to enter text.

**Actual Project Activities Accomplished (refer to application)**

Click or tap here to enter text.

1. **General Comments or Concerns** (Make any observations about the project’s progress in reaching its objectives or about the Matching Grants Program in general. Indicate any areas of concern.)

Click or tap here to enter text.

#### Submitted By: Name and Title

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(Signed)

Approved By: **Organization’s Chief Official, and Title**

(Organization’s Chief Official, and Title)

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(Signed)