

**Forest Grove Community Enhancement Program
FINAL REPORT**

Project Name: _____

Contact Name(s): _____

Contact Phone(s): H: _____ W: _____

Address: _____

E-Mail Address: _____

Description of how CEP grant was used (Attach photos, and promotional information, if possible. Attach sheet, if desired):

Date Completed: _____ **Total CEP Grant:** _____

Expenses (attach copies of invoices, receipts if possible):

Personnel: (describe) _____ Total Cost: _____

Materials & supplies: (describe) _____ Total Cost: _____

Capital: (describe) _____ Total Cost: _____

Other Expenses: (describe) _____ Total Cost: _____

In-kind Contributions: _____ Total \$ Amount of In-kind Contribution: _____
(briefly describe):

Name of organizations that partnered or collaborated with this project:

How many people in the community participated in this project? (if applicable) _____

How did this project meet the requirements of the grant terms?

Signature(s) _____ Date _____