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| **Lackawanna Heritage Valley National and State Heritage Area**  **213 Railroad Avenue, Scranton, PA 18505**  **Phone: 570.963.6730 Email:arogato@lhva.org**    **Partnership Grant Final Project Report/Payment Request** | | | | | |
| **General Information:** Grantees are required to submit Final Projects Reports no later than 30 days after the funded project’s completion date. For complete instructions, please refer to **Grant Management Guidelines** for Partnership Grants at <https://lhva.org/PartnershipGrants.php> Final Project Reports should include:   * A summary of project outcomes including any significant results and number of attendees; * A final financial report verifying all expenditures and Matching Funds, including copies of all receipts for final grant payment. Attach copies of cancelled checks to all expense invoices; * At least two (2) digital images of project and/or participants with photo release forms; and * One (1) copy of all final products produced as part of the grant.   The report should be submitted electronically to April Rogato, Executive Assistant, at [arogato@LHVA.org.](mailto:arogato@LHVA.org) Copies of products may be mailed or delivered to LHV Headquarters. | | | | | |
| APPLICANT:  DUNS NO:  EIN NO: | | | | LHV GRANT NO.: | DATE SUBMITTED: |
| PROJECT COORDINATOR: (Name and title of project manager) | | | | EMAIL ADDRESS:  PHONE: | |
| APPLICANT MAILING ADDRESS: (Street, city, state, zip) | | | | FAX NUMBER: | |
| PROJECT TITLE:  PROJECT EVENT DATE (S): | | | | WEBSITE: | |
| PROJECT START DATE: | | | PROJECT COMPETION DATE: | | |
| TYPE OF PROJECT: (Check all that apply)  Community & Economic Development/Tourism Promotion Educational Mini-Grant  Cultural Conservation/Historic Restoration Interpretation / Place-Based Education  Environmental Programming/Trail Development | | | | | |
| **FINAL PROJECT COST** (Complete worksheets on pages 3 & 4 first) | | | | | |
| A.  B. | $ | IN-KIND/VOLUNTEER SERVICES DONATED  CASH PROJECT COSTS | | | |
| $ |
| A +B = C. $ TOTAL PROJECT COST (Cash & In-Kind/Volunteer Services donated)   1. $ LHV GRANT AWARDED (Amount received from Lackawanna Heritage Valley) 2. $ MATCHING FUNDS (cash, earned income, other grants, etc.) | | | | | |

1. Project Scope

1. Summarize the project. Honestly discuss the project’s strengths and its challenges, and how your organization or project team addressed those challenges.
2. List and/or describe the final outcomes and products produced as part of the project (enclose one (1) copy of developed products and two (2) digital images/photos):
3. Supply the following demographic information (estimate, if necessary): Number of people directly impacted: \_ \_

Number of people from underserved populations impacted (briefly describe): \_ Number of communities impacted:

2. Funding Goals of the Lackawanna Heritage Valley National and State Heritage Area

Describe how the project accomplished and/or enhanced one or more of the Lackawanna Heritage Valley’s five funding goals (use as much space as needed):

# Facilitate partnerships and strengthen local capacity.

1. **Tell the story of the Lackawanna Heritage Valley.**
2. **Preserve and enhance the physical character and economic vitality of Heritage Valley Communities.**
3. **Improve the visitor experience.**
4. **Reconnect communities and people to the Lackawanna River.**

3. Final Budget

# 3a. In-Kind / Volunteer Services

In-kind contributions are non-cash donations for the project contributed by the applicant or by a third-party. In-kind and volunteer services cannot be counted as part of the required cash match for a grant. Add additional lines as needed.

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| **Description of Donated Goods or Services** | **Amount** |
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| **TOTAL OF ALL IN-KIND & VOLUNTEER SERVICES**  **(Line A-In-Kind/Volunteer Services on page 1)** |  |

# 3b. Matching Funds / Other Cash Sources

Demonstrate that the project had, at a minimum, dollar-for-dollar Matching Funds. Include all funding sources that went into the project with the exception of the LHV grant even if it exceeds the amount of match estimated on the original application. Add additional lines as needed.

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| **Source** | **Amount** | **Note whether the source is: Federal, State, or Local Government; or Private** | **Documented?**  **Yes / No** |
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| **TOTAL OF All MATCHING FUNDS**  **(Line E on page 1)** |  |  |  |

# 3c. Project Budget.

Detail the project’s final costs by type and dollar amount. Include calculations if necessary. Insert extra lines as needed.

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| **Description of Expense** | **LHV Grant Awarded** | **+** | **Matching Funds - Applicant Cost Share** | **=** | **Total Cost** |
|  |  | **+** |  | **=** |  |
|  |  | **+** |  | **=** |  |
|  |  | **+** |  | **=** |  |
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|  |  | **+** |  | **=** |  |
|  |  | **+** |  | **=** |  |
| **TOTALS** |  | **+** |  | **=** |  |
|  | **Include total on Line D - LHV**  **Grant** **Awarded on page 1.** |  | **Include total on Line E –**  **Matching Funds on page 1**  **(should also match total from chart 3b on page 3).** |  | **Include total on Line B – Total Project Cost on page 1.** |

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| **Payment Request**  Total Grant Award $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Amount of Payment Request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Period Covered by this Payment Request: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note:* Please attach copies of all invoices, bills, and documentation. |

Revised 1/27/21