



**FY23 Arts and Humanities
Project Grant Reimbursement Form**

Grant Title: _____

Name of Organization: _____

Remittance Address: _____

(Check should be mailed)

Primary Contact _____

Title: _____

Name: _____

Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Name: _____

Title: _____

Please review your grant proposal and the goals of the grant program before answering the following questions.

Grant funds are paid on a reimbursement basis. The grant recipients must submit documentation to the City of Falls Church in the form of itemized receipts and expenditures consistent with the amount awarded and project description. Receipts deemed not relevant to the original project will not be reimbursed. Projects must be completed and accessible to the public by the end of the fiscal year for reimbursement approval.

Is your project complete? If so, please describe the outcome of your project.

How does your completed project meet the goals of the grants program?

Was it necessary to make any changes in the proposed project? If so, please explain any modifications to the project.

Describe any budget changes or other financial adaptations required by unforeseen circumstances.

If available, please attach copies of relevant materials such as a brochure, article, photo that describes the projects accomplishments or links to online materials

Financial Information

Expenses must match the budget submitted with the application. Copies of paid receipts, credit card statements or cancelled checks must be submitted with the reimbursement form. Purchase orders are not acceptable proof of payment.

Vendor Name	Description	Amount
Total	\$	