



**FY24 Arts and Humanities
Operations Grant Reimbursement Form**

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.**

Please describe what the grant funds were used for and how the funds benefited your organization.

How did this grant meet the goals of the grants program?

Was it necessary to make any changes to the original proposal? If so, please explain any modifications.

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

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
		\$0
Total	\$	\$0