

# Washington County, Maryland General Fund Contingency Grant Report

Applicant Name:  Date:

Mailing Address:

Contact Person:  Title:

Phone Number:  E-mail:

Project Name:

Date of Project Completion:  Funding Received:

Pre-Event/Project Request\*     Post Event/Project Request

Expenses	Amount Requested	Amount Funded (Pre-Event Only*)	Amount Expended
Personnel			
Operating			
Equipment			
Other			
<b>Total</b>			

If applicable to your funding request and the information is available, complete the following:

How many persons attended, participated, or benefited from your event or project?

Describe the impact your event or project had on the community, local economy, and the citizens of Washington County:

**Please attach copies of all receipts and supporting documentation for all event/project expenditures**

*I certify to the best of my knowledge and belief, that the billed costs and expenses are in accordance with the approved event or project. The expenses herein contained meet the intent originally submitted funding application.*

Signature:

Date:

Printed Name:

Title: