

BCHC EDUCATIONAL PROJECT COMPLETION FORM

Name of Unit: _____

Project Number: _____ unit funds _____ Grant Money

Funding Year(s): _____

Project Name: _____

Completion Report Submitted By: _____

Date: _____ Phone Number: _____

Email: _____

Did you work within your proposed budget?

Did you achieve your goals re Education, please detail ?

Were you able to achieve your goals with agencies or others?

Did you receive any other grants for this project, if yes, who and the amount received.

ITEMS TO BE SUBMITTED TO: BCHC Ed Fund Secretary Bludog46@gmail.com

- Proposed and actual monies spent.
- The education aspect of the agenda.
- Photos of the event before, during and after.
- Amount Received

Grant Committee Chairperson: _____ date _____