FUNDING RECONCILIATION FORM

Name of Organization: ___________________________________________

Name of Funded Project: _________________________________________

Contact Person & Phone #: _______________________________________

Funding Date & Total Amount Funded: ______________________________

PLEASE ATTACH THE FOLLOWING TO THIS FORM:

1. A narrative describing what goals and outcomes were achieved through this project and specifically how residents and communities within Plumas County benefited.

2. A two column spreadsheet outlining the project’s original budget projections vs. actual expenditures. **Copies of receipts must be attached.**

Please complete this form once all project funds have been expended or not later than one year from the date of funding.

For assistance with this form, please email commongoodplumas@gmail.com

Completed forms and attachments may be mailed to:

The Common Good Community Foundation
364 Johnsville Rd.
Blairsden, CA 96103

Or emailed to commongoodplumas@gmail.com

Authorized Signature: ________________________ Date: _____________
Printed Name: __________________________ Title: __________________