**Final Grant Report Form**

Send to mailing address:

New Jersey Historic Trust

Department of Community Affairs

PO Box 457

Trenton, NJ 08625

Project Title: \_\_\_\_\_\_

Name of Organization:

Address:

Report Prepared by (Name and Title):

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the progress toward accomplishing the objectives as set forth in your proposal. Please state when the project will be completed if it is not already.

Total approved budget. Describe any budget changes or other financial adaptations required by any unforeseen situation(s.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Categories** | Costs **Approved Actual** | | **Variance** |
|  |  | $ |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Project Cost*** |  | *$* | *$* |

# FINAL PROJECT LEDGER

List all invoices for this project, with their attached photocopies of cancelled checks. Total Project Cost must match (or exceed) that in the “actual” total project cost box above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payee** | **Invoice #** | **Check #** | **Cost** | **(NJHT USE ONLY)** |
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| ***Total Project Cost*** |  |  |  | $ |

*\*Attach copies of any significant materials, newsletters, brochures, articles, and other publicity that sheds light on the project or your organizations activities.*