**INSTRUCTIONS FOR CLOSING AN EMERGENCY OPERATING MINI-GRANT:**

**1. Once all grant activities have concluded, review the terms of the grant agreement to ensure that all activities and requirements have been met. Questions or concerns? Please send an e-mail to** [**heritage\_area@aacounty.org**](file:///C%3A%5CUsers%5CCarol%5COneDrive%5CDesktop%20files%5Cwork%20stuff%5Cheritage_area%40aacounty.org)**.**

Mini-grants are reimbursable grants; funds must be expended for the funded project before grant funds are disbursed. After completion of project, grantee will submit to grantor (Four Rivers staff) (1) a final project report; (2) any invoices, receipts, contracts and other agreements associated with the project to document that you spent the funds related to the project; (3) any printed materials relating to the project that will show your use of our logo and/or acknowledgment of our funding; and (4) an invoice for remittal of the mini-grant amount, so we can send you the grant check.

Grantee must use grant funds in accordance with the approved scope of work, budget and project schedule as stated in the grant agreement (or as agreed in subsequent communication with heritage area Executive Director). Modifications to the grant are permitted if the changes are approved by both parties in writing and conform with the original budget totals.

**2. Fill out this Final Report Form, including the budget, and submit it with any invoices, receipts, contracts and other agreements associated with the project.**

**3. Create an INVOICE for remittal of the Mini-Grant funds, indicating to what organization name the check should be made out, and the address to which the check should be sent. Send all these materials together to: FOUR RIVERS HERITAGE AREA, 44 CALVERT STREET, ANNAPOLIS, MARYLAND 21401-1930 – or scan them into a PDF document, and send this via e-mail to:** [**heritage\_area@aacounty.org**](file:///C%3A%5CUsers%5CCarol%5COneDrive%5CDesktop%20files%5Cwork%20stuff%5Cheritage_area%40aacounty.org)**.**

**THANK YOU!****FOUR RIVERS: THE HERITAGE AREA OF ANNAPOLIS, LONDON TOWN & SOUTH COUNTY**

**44 CALVERT STREET, ANNAPOLIS, MARYLAND 21401-1930**

**Phone: 410-222-1805; E-mail: Heritage\_area@aacounty.org**

**--MINI GRANT FOR EMERGENCY OPERATING--**

**MINI-GRANT FINAL REPORT -- FISCAL YEAR 2021 ONLY**

**Type or print all information. Answer the questions fully. Additional sheets may be used.**

**GENERAL INFORMATION**

Organization:

Address:

City: Zip:

Contact Name:

Telephone: Work: Cell:

E-mail:

**FUNDED ACTIVITIES:**

1. Please describe the mini-grant supported activities that took place during the grant period.

2. List partnering organizations, if any, and their roles in the funded activities. **REQUIRED: Make sure to list all funders--sources of cash and in-kind match--that contributed to this project (this can be noted on your budget).**

3. Please provide a short statement of how Four Rivers Mini-Grant funds, used for Emergency Operating according to your site’s needs due to the COVID-19 pandemic, made a difference to your organization’s operations, sustainability, and/or gaps created by current conditions.

4. Indicate how Four Rivers Heritage Area has been acknowledged for its role in helping to fund this project (e.g., logo on printed material, logo on website, acknowledgement in program, etc…).

**FINAL PROJECT BUDGET**:

Please provide final project budget arranged in columns relating the budgeted amount and the actual amount spent; indicate source of required 100% match (cannot be from state funds). In-kind contributions are services which ordinarily would be paid for by your organization but are being voluntarily contributed to help carry out your activities. These may include use of equipment, supplies, materials, and services, as well as volunteer services by non-professionals as well as a professional person (which may be claimed at his/her regular rate as long as the services rendered are reflect that professional’s expertise.) Currently, the Maryland volunteer hourly rate for non-professional services is $29.51.

**Documentation Guidelines:**

* Invoices must be dated after the grant notification date (i.e., you cannot include funds from a previous phase in either your grant expenditures or your match)
* If your project includes the AACPS as a partner providing EITHER Cash match or In-Kind match for the project, please include a letter from AACPS (on their letterhead and signed by the appropriate AACPS representative) that states the Cash or In-Kind contribution made to this specific project.
* Volunteer hours that are included as In-Kind support should be documented with an Excel spreadsheet or simple table listing names, dates, and hours (please contact our office for an example if you would like a sample spreadsheet).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of meeting, etc.****such as: 5/13/14, Project Committee mtg.** | **Date** | **Date** | **Date** | **Date** |
| Cheryl S. | 3 hours | 0 | 2 | 1 | 1 |
| Charles S. | 0 | 5 | 15 | 0 | 0 |
| **Totals** | **3** | **5** | **17** | **1** | **1** |
| **Total Hours for Project: 27** |

**MINI GRANT PROJECT BUDGET FY2021**

 ***This budget is limited to the project activities supported by an approved heritage area mini grant; any changes to that budget must be approved by Four Rivers. You may substitute your own budget form if you wish; if you do, please include budgeted and actual costs.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Approved Mini-Grant Expenditures** | **Four Rivers****Budgeted Amount** | **Four Rivers Actual Amount Spent** | **Cash Match****Budgeted Amount** | **Cash Match Actual Amount Spent** | **In Kind Expenditures** | **Totals** |
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| **TOTALS** |  |  |  |  |  |  |

**Please identify source(s) and amount of required 100% match for mini-grant -- cannot be from other state funds:**

**CERTIFICATION:**

 As the **President, Board Chair, Treasurer, or Executive Director** of the undersigned organization, I am authorized to execute this final report on its behalf. I certify that all information contained in this report is true and accurate.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME & TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_