

Attachment A

(Complete one form for each grant project.)

Upper Delaware Council

2012 Technical Assistance Grant Program

**Project Completion Form**

**TECHNICAL ASSISTANCE GRANT #** \_\_\_\_\_

PROJECT NAME OR TITLE: \_\_\_\_\_

TOWN / TOWNSHIP / COUNTY: \_\_\_\_\_ Sub-Contractor: \_\_\_\_\_

1) Briefly describe the project products and results in measurable terms (provide details so that the project results and benefits can be publicized):

2) GRANT AMOUNT: \$ \_\_\_\_\_

TOTAL EXPENDED: \$ \_\_\_\_\_

BALANCE OF GRANT FUNDS (if any): \$ \_\_\_\_\_

3) List all participating partners (organizations names and/or number and types of individuals):

***Certification of Project Completion from Town/Township:*** We certify that the above mentioned project was successfully completed in a manner consistent with the stipulations of our Technical Assistance Grant application and agreement.

\_\_\_\_\_  
Town / Township / County (Supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Review Committee Chair  
Upper Delaware Council, Inc.

\_\_\_\_\_  
Date