



**Community Support Grant Financial Report Form  
Schedule B**

**Community Organization:** \_\_\_\_\_

**Board of Directors (Names & Positions):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of How the Community Organization Utilized the Grant Funds (Including Revenues and Expenses for the Project):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Grant Funds Were Received:** \_\_\_\_\_

**Amount of Grant Funding Received: \$** \_\_\_\_\_

**Other Related Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name (Please Print)**

**Signature on behalf of Community Organization**

\_\_\_\_\_  
**Date**

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_