



**SCHENECTADY COUNTY INITIATIVE PROGRAM  
2017-2018 FINAL REPORT FORM**

**I. ORGANIZATION INFORMATION**

Legal Name \_\_\_\_\_

D/b/a (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Principal Officer / Title \_\_\_\_\_

Project Contact Person/Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

**II. PROGRAM REPORT**

Program Name \_\_\_\_\_

Date(s) of program(s), event or activity: \_\_\_\_\_

Number of people attending/served: \_\_\_\_\_

*Please describe how Schenectady County CIP grant funds were used for this project:*

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**PROGRAM REPORT (CONTINUED)**

*Within the space provided (please do NOT use attachments – use reverse side if necessary), give a brief description of the project, event, or activity for which funds were granted, as well your organization’s impressions of its success.*



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**III. PROJECT BUDGET (ACTUAL)**

Within the spaces provided, indicate total earned income and total other income for the completed project (cash, not in-kind). Please also list your total in-kind support for the project. Also, list each item of expense from which County CIP Grant funds were used, as well as total project cost.

<b>Earned Income</b> <i>(Ticket sales, admissions, vendor fees, etc.)</i>		<b>Other Income</b> <i>(Cash donations, membership support, other grants)</i>	
Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Earned Income</b>	<b>\$</b>	<b>Total Unearned Income</b>	<b>\$</b>

<b>Project Expenses (not paid with CIP funds )</b>		<b>Project Expenses (paid with CIP funds)</b>	
Item	Cost	Item	Cost
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Project Expenses not paid by CIP Grant</b>	<b>\$</b>	<b>Total Project Expenses paid by CIP Grant</b>	<b>\$</b>
<b>Total Project Cost</b>			<b>\$</b>
<i>Equals total expenses (CIP and non-CIP) plus in-kind support</i>			

<b>In Kind Support</b> <i>(Donated advertising, volunteer time, donated goods and services)</i>			
Source	Value	Source	Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total In Kind Support</b>			<b>\$</b>



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### **IV. PROGRAM PUBLICITY / GRANT AWARD RECOGNITION**

**Please list below all ways Schenectady County was acknowledged in promotional materials for your project, and be sure to enclose copies of each with your report.**

*Examples of promotional materials include: flyers, posters, invitations, brochures, mailings, press releases, newspaper advertisements, website screenshots, press clippings, photographs, and event programs.*

**Please remember:** Schenectady County must be acknowledged in all promotional materials in order for your organization to be considered for future grant funding. Exceptions may be made for those materials that were printed prior to receiving notification of grant funding (please note below if that is the case).



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**V. CERTIFICATION**

The undersigned certifies that he/she is a principal officer of the applicant organization and has knowledge of the information presented herein and attests to its accuracy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

Please return final report **within 6 weeks of completion of your project to:**

Schenectady County Initiative Program  
County Office Building  
620 State Street  
Schenectady, NY 12305

**For Schenectady County Office Use Only**

Final Report Received Date \_\_\_\_\_

Marketing Materials Received \_\_\_\_\_

Acknowledged County as Agreed \_\_\_\_\_

Initials \_\_\_\_\_