



Eastern Oregon Visitors Association

REGIONAL GRANTS PROGRAM

GRANT ACCOMPLISHMENT REPORT & FINAL BUDGET

Project Information

Project Title	
Project Grant No.	EORGPFY_____
Amount Awarded	Total Project Cost
Entity Name	
Grant Contact <i>if different than applicant</i>	
<u>Describe what the EO Regional Grants Program award helped you accomplish:</u>	
<u>Highlight one or two key successes or learnings over the course of your project:</u>	

Please return completed form to EOVA at execdirector@visiteasternoregon.com.
Questions? Please email execdirector@visiteasternoregon.com or call 541-970-4551.

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Were there any challenges you faced in completing your project and how did you overcome these obstacles:

Refer back to the measures of success listed in your application (or in Exhibit A of your grant agreement); Based on these measures, do you feel as though you achieved success (highlight measure that were accomplished):

Did these grant funds help you leverage opportunities with partners (financial/in-kind/relationships/expertise, etc.):

Describe the impact these funds made in helping your organization/community:

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Comments and/or suggestions for improving the EO Regional Grants Program:

OPTIONAL – What's next for this project? Please share any future plans you have related to this project:

REQUIRED SUPPORTING DOCUMENTS

- Final Grant Budget** – Please complete the final grant budget with “actual” totals completed. Template attached or can be downloaded [here](#).
- Spending Documentation**– Please provide invoices/receipts that detail expenses reflected on the final budget (including those that show the required 10% cash match).
- Project Documentation** – Please attach any images; brochures; reports; videos; website links, etc., that illustrate the completion of the project.

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

MM DD YY

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FINAL GRANT BUDGET:

INCOME				
	BUDGET		Actual	
	Cash	In-Kind	Cash	In-Kind
<i>EO Regional Grant Program Budget Template</i>				
OTHER INCOME				
SUB TOTAL INCOME	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL INCOME	\$0.00		\$0.00	

COMPLETE "BUDGET" COLUMNS (C & D) ONLY FOR APPLICATION. LEAVE "ACTUAL" COLUMNS (F & G) BLANK FOR GRANT APPLICATION (ONLY USE ONCE AWARD IS MADE TO TRACK ACTUAL INCOME/EXPENSES)

EXPENSES				
LINE ITEM	BUDGET		Actual	
	Cash	In-Kind	Cash	In-Kind
1				
2				
3				
4				
5				
7				
8				
9				
SUB TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXPENSES	\$0.00		\$0.00	

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