



GRANT END-OF-YEAR REPORT FOR FUNDING YEAR _____

NAME OF GRANT RECIPIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ EMAIL: _____

PROJECT TITLE:

Report submitted by: Name _____

Title _____

Signature _____

Briefly describe what was accomplished using funds from the AAML Foundation grant, including evidence/examples:

Did you encounter any problems with the project, including problems with scheduling or cost? If so, please describe any solutions, planned or implemented.

Financial Report

Please complete the table below as submitted with the original grant application.

EXPENSE CATEGORY	PROPOSED PROJECT BUDGET
Salaries	\$ _____
Employee Benefits & Taxes	\$ _____
Office Space	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Telephone	\$ _____
Travel	\$ _____
Other (Specify)	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL BUDGET	\$ _____

Provide actuals for this reporting period and include explanations for any significant variances. List the organization's largest funding sources during this period.

Submit report with requested attachments to Kimberley Scott, kim@aamlfoundation.org, by December 1.