



C O R P O R A T E   A D M I N I S T R A T I O N

**MUNICIPALLY FUNDED GRANT – GRANT USE REPORTING**

(Due when event/program is complete or at year-end, whichever occurs FIRST)

**ORGANIZATION NAME:** \_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Municipality)

\_\_\_\_\_  
(Postal Code)

**CONTACT PERSON AND TITLE:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

**TYPE OF SERVICE YOUR ORGANIZATION PROVIDES TO THE COMMUNITY:** \_\_\_\_\_

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

**AMOUNT OF FUNDS RECEIVED FROM THE CITY OF MISSION:** \$ \_\_\_\_\_ **FOR YEAR 20** \_\_\_\_\_

Please describe how your organization used the grant funds: \_\_\_\_\_

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

The information included on this reporting form is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_