

SANILAC COUNTY COMMUNITY FOUNDATION  
42 AUSTIN STREET  
P.O. BOX 307  
SANDUSKY, MI 48471  
810-648-3634  
WWW.SANILACFOUNDATION.ORG

## GRANT EXPENDITURE REPORT

Grantee:

Grant Amount:

Grant Purpose:

Date Funded:

Grant Period:

Special Conditions of this Grant (if any):

**In accordance with the conditions of the Grant Agreement for the above listed grant, please complete this form and submit it, along with a full financial accounting of the expenditure of these grant funds and one (1) picture related to the grant project to the Sanilac County Community Foundation within sixty (60) days of the completion of your project. This picture can be sent electronically to [info@sanilacfoundation.org](mailto:info@sanilacfoundation.org) or included in the Grant Expenditure Report mailing.**

**Thank you!**

Describe the impact of the grant-supported project and the specific activities which support the Grant Purpose indicated above. (Use additional sheets, if necessary)

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Did you generate any press releases or public announcements related to this grant project?

Yes\_\_\_\_\_ No\_\_\_\_\_

If press releases or public announcements related to this grant project were generated, please provide a copy for our records. These will become the property of the Sanilac County Community Foundation and will not be returned to you.

Please provide any comments or suggestions you may have regarding the grant submission, acceptance and funding process. \_\_\_\_\_

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*Signature*

\_\_\_\_\_  
*Print Name & Title*

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

*All grants are made in accordance with current and applicable laws and pursuant to the Internal Revenue code, as amended, and the regulations issued thereunder.*