|  |  |
| --- | --- |
| Organization’s Legal Name and DBA / : |  |
| Primary Contact Name / Title / Email Address: |  |
| Organization’s Full Mailing Address: |  |
| Primary Contact Telephone Number: |  |

Reporting Year CFP Award Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPATION (describe who benefited from CFP funding with special attention given to the diversity of the population)**

|  |
| --- |
|  |

**STATISTICS (if accurate counts aren’t available, please provide realistic estimates)**

|  |  |  |  |
| --- | --- | --- | --- |
| NUMBER DIRECTLY INVOLVED |  | HOURS SPENT |  |
| Paid staff, full time: |  | Paid staff hours: |  |
| Paid staff, part time: |  | Volunteer hours: |  |
| Volunteers: |  | **TOTAL PROJECT HOURS**: |  |
| \*People benefiting (clients, audience, etc.): |  |  | |
| **TOTAL NUMBER INVOLVED:** |  |  | |

**DEMOGRAPHICS PERCENTAGE (as accurately as possible, indicate percentage of people benefitting)**

|  |  |
| --- | --- |
|  | Child (up to age 16) |
|  | Young Adult (ages 17-24) |
|  | Adult (ages 25-54) |
|  | Senior (ages 55 and up) |
|  | Macon County Resident |

# INCOME AND EXPENSE REPORT (list ALL sources and applications of funds directly related to the project or service)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INCOME SOURCES | $ AMOUNT | EXPENSE CATAGORIES | $ AMOUNT | IN-KIND SOURCES | $ VALUE |
| Community Funding Pool |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **TOTAL PROJECT INCOME** |  | **TOTAL PROJECT EXPENSE** |  | **TOTAL IN-KIND** |  |
| total REPORTING FY income | |  | total REPORTING FY EXPENSES | |  |

**PROJECT NARRATIVE (evaluate the funded program or service, describing how you used CFP funds to meet a need in Macon County, how volunteers were involved, and how successful your effort was)**

|  |
| --- |
|  |

# CERTIFICATION (two signature are REQUIRED and may include: Board President/Chair, Executive Director, Project Director, Financial Officer)

We the undersigned certify that all information contained in this report, attachments and supporting material is true, accurate and complete to the best of our knowledge. Additionally we certify that the expenditures are for the purposes set forth in the CFP application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Signatory’s Printed Name |  | Title |  | Date |
|  |  |  |  |  |
| Signature |  |  |  |  |
|  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Second Signatory’s Printed Name |  | Title |  | Date |
|  |  |  |  |  |
| Signature |  |  |  |  |
|  | | |  |  |

**Completed applications may be mailed or hand-delivered to:**

* CFP Committee c/o Macon County Public Library 149 Siler Farm Rd. Franklin, NC 28734
* CFP Committee c/o Hudson Library 554 Main St. Highlands, NC 28741
* CFP Committee c/o Nantahala Community Library 128 Nantahala School Rd. Topton, NC 28781

*END FINAL REPORT*