



DOA COVID-19 PANDEMIC RESPONSE NONPROFIT GRANT PROGRAM

Final Report

DUE MARCH 1, 2021
(original deadline extended)

Submit form to DOACovidNonprofitGrant@wisconsin.gov

The Grant Program encourages you to consult a certified accountant or a tax professional in the preparation of this document to ensure compliance with the CARES Act and Program Grant Agreement.

Section 1 GRANTEE INFORMATION. REQUIRED

Grantee Organization			
Date		Project ID No. <i>(from grant agreement)</i>	
Contact Person <i>(name, title, phone, email)</i>			

Section 2 FINANCIAL REPORT. REQUIRED.

A.	Total Award Amount:	
B.	Total Grant Funds Expended on Eligible Costs:	
C.	Total Grant Funds Incurred for Eligible Lost Revenues:	
D.	Total Grant Funds Utilized (B + C):	

Section 3. **NARRATIVE. REQUIRED.**

Detailed Description of Grant-Funded Activities During Covered Period (March 1 through December 30, 2020).
Include dates or time periods, amounts, vendors or source, and description of activities or costs.

Authorized Representative Signature <i>(typed signature acceptable)</i>	
Print Name	
Title	
Date	
Email	