



GRANTEE FINAL REPORT

Date of Report: _____

Legal Name of Organization: _____

Organization Address: _____

City _____ State _____ Zip _____

Contact Person _____ Work # _____ Cell # _____

Fax: _____ Email Address: _____

Website: _____

Project Name: _____ Amount Granted: _____

Start date of program/project: _____ End Date: _____

How many Individuals were served by the project/program and in which counties? _____

Please include the following supporting documents with this form:

- Pictures and/or video of the project/program in action "BEFORE" pictures and/or video (if available)
 Summary of the progress/results using the goals listed in the original grant application
 Description of any significant challenge experienced related to the funded grant project/program

I represent that I am authorized by the named organization to submit this final report on its behalf and to make the assertions in this certification and to bind the organization accordingly. I understand that the OREMC Foundation has the right to fully audit the use of this donation at any time. I also understand that OREMC Foundation and Okefenokee REMC may use this application for publicity and promotional purposes.

Signature

Printed Name

Completed reports may be emailed to:
foundation@oremc.com

Or mail to:
OREMC Foundation
PO Box 602
Nahunta, GA 51553