

**MN SEVERE STORMS CONFERENCE  
OPERATIONS GRANT FINAL REPORT  
2016**

**GRANTEE INFORMATION**

Grant Amount \_\_\_\_\_ Actual Project Cost \_\_\_\_\_

Name of Applicant Group \_\_\_\_\_

County/State \_\_\_\_\_ Website \_\_\_\_\_  
(if applicable)

Project Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**PROJECT BUDGET VS. ACTUAL INCOME AND EXPENSES**

Any line item difference of more than 10% of the budgeted amount must be explained in a budget narrative, which should be attached to this page.

Income

<u>Operations Grant</u>	_____
_____	_____
_____	_____
_____	_____

Total Income

\_\_\_\_\_

Expenses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses

\_\_\_\_\_

Net Income (Loss)

\_\_\_\_\_

\* Please attach receipts or other paid invoice documents for all expenses.

**NARRATIVE**

Describe the results of your project. Compare the expectations outlined in your application to what actually occurred. Limited to three pages.

**CERTIFICATION SIGNATURES**

We, the undersigned, certify that all information in the attached report is true and correct to the best of our knowledge.

Two signatures from members of your group are required. One signer must be a board officer or advisory committee member. You must submit original signatures with your report.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date