

**Sandusky County Park District
Local Park Capital Improvement Grant Program
Grant Recipient – Final Report**

In accordance with a request from the State of Ohio Auditor's Office, please complete this form and return it to the Park District Office at the conclusion of your project. Please complete a separate form for each project.

Political Subdivision _____

Governing Body _____
(City Council, Mayor, Trustees, etc.)

Contact Person _____ **Title** _____

Address _____
Street City Zip

Telephone (419) _____ **(Work)** (419) _____ **(Home)**

E-mail Address _____

Project Title _____

Starting Date _____ **Completion Date** _____

Project Costs:

Labor _____

Materials/Equipment _____

Contract Services _____

Other _____

Total Project Expenses _____

Grant Amount Awarded _____

Balance (Please explain if other than \$0.00) _____

Attach copies of all paid invoices and corresponding canceled checks and deliver to:

**Attn: Director Andrew Brown
Sandusky County Park District
1970 Countryside Place
Fremont, Ohio 43420**