

**Tourism Grant Program
Second Half Reporting Form**

Part I

Date: Grant Year

County Grant Type

Grant Amount Received: Amount Expended:

Legal Name of Organization EIN #

Address

State Zip

Phone # Fax #

E-mail Web site

Fiscal Sponsor Name

Fiscal Sponsor Contact

Grant Contact

Grant Contact Phone #

I hereby certify that the initial funds received pursuant to said grant have been disbursed for the purpose(s) for which the grant was made. I am attaching receipts and proof of payment detailed on the Grant Expenditure Form evidencing the expenditure of the funds referred to hereinabove and/or other required documentation pertaining to the project for which the funds have been utilized.

In view of the foregoing, distribution of the balance of the above-cited grant is hereby requested.

Balance of grant

Print Name Signature

Witness:

Print Name Signature



Part II

Please write a brief
summary of how grant
funds were used.
(2,500 characters or less)

Part III

SECOND HALF | To request the balance of a grant, the recipient must submit all required documentation.

APPLICANTS MUST PROVIDE:

- GO LH Tourism Grant Second Half Reporting Form
- Completed Grant Expenditure Form
- Copy of approved Budget Expenditure Form
- Copies of all invoices and proof of payment for grant dollars and match.
- Marketing grants must provide copies of all printed advertisements, press releases, or samples of media placements/media
- Capital grant projects must provide before and after photos of the project.
- Grant recipients shall abide by all local, state, and federal laws and regulations and agree to furnish all the documentation listed above. In addition, grant recipients understand that the expenditure of grant funds received might be subject to audit and or further verification and agree to cooperate with any such audit or verification process.
- **** When filing your final report, you do not have to send in the documentation that you submitted with the Second Half Report. You will need to enter the information on the Grant Expenditure Form and note they are from your second half filing.**

MAILING ADDRESS FOR ALL GRANT CORRESPONDENCES

GO Laurel Highlands
ATTN: Grant Administrator
113 East Main Street
Ligonier, PA 15658