Prior to completing the form, please download and save the form to your computer.

Organization:			
Project Title:			
Today's Date:			

York County Tourism Grant Program POST GRANT REPORT CLOSEOUT BUDGET

Revenue				
Source	Proposed Income	Final Income	Notes	
YCCVB Grant Funds	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Total	\$	\$		

Expenses					
Source	Proposed Cost	Final Cost	Notes		
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Total	\$	\$			

Totals					
Source	Proposed Project	Final Project	Notes		
Total Revenue	\$	\$			
Total Expenses	\$	\$			
Amount over/under	S	S			