

## FORM

## **Expenditure Responsibility Final Evaluation & Expenditure Report**

CSA Name:	
Grantee Name:	
Return to South Dakota Community Foundation	n, PO Box 296, Pierre, SD 57501
Grant Objectives	
Were the goals described in the original grant applic	cation accomplished?
Yes	No
If no, why not?	
Grant Outcomes	
Were there any unexpected outcomes?	
Yes	No
If so, what were they?	

## Statement of Expenditures

Please provide <u>itemized details</u> of how grant funds were spent or attach invoices and/or receipts. Attach additional pages if more space is needed.

Original Grant Amount	\$
Itemized Grant Expenses	
Total Grant Dollars Spent	\$
Amount due back to SDCF (unspent grant funds)	\$

Call SDCF at 1-800-888-1842 if you have questions about this form.

<sup>\*\*</sup>Please remember that the Grant Acceptance Agreement signed when the grant was approved requires the grantee to maintain receipts and records of expenditures relating to the grant.\*\*