

## 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?                                       |                                 |
|   |                                 |
|   |                                 |
|   |                                 |
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|   |                                 |
|   |                                 |
|   |                                 |
| Grant Outcomes  |                                 |
| Were there any unexpected outcomes?                   |                                 |
| Yes   | No                              |
| If so, what were they?                                |                                 |
|   |                                 |
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|   |                                 |
|   |                                 |

## 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                       |    |
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| Total Grant Dollars Spent                     | \$ |
|   |    |
| Amount due back to SDCF (unspent grant funds) | \$ |

<sup>\*\*</sup>Please remember that the Grant Acceptance Agreement signed when the grant was approved requires the Call SDCF at 1-800-888-1842 if you have questions about this form.