

## **Community Enhancement Program Final Project Reporting**

## **City of Scappoose**

33568 E Columbia Ave. Scappoose, OR 97056 | (503) 543-7146 | www.scappoose.gov

## **APPLICANT INFORMATION**

Organization name:	
Representative name:	Position:
Mailing address:	
Phone number:	Email:
PROJECT INFORMATION	
Project name:	
Project location (if applicable):	
Project completion date:	_ Number of beneficiaries in Scappoose:
PROJECT OUTCOMES	
How was your grant award used? Please attach photos, brochu	res, postings, or other supportive materials:

ement?			
ement?			
ere anything else you would like us to kn	now about your	nroject?	
iere arrytrinig eise you would like as to kil	ow about your	project:	 

Total Project Cost Total G		rant Award	Will you apply for	Will you apply for the CEP again? Why or why not?		
NAL PROJECT BUDGE	ΕT					
Line item/expenditure CEP grant		Revenues for expenditu		Total		
		CEP grant	Organization funds	Other funds		
	Totals:					
ON MACNIFTA DV CON	TDIDLITIO	N.C				
ON-MONETARY CON	IKIBUTIUI	NS				
otal in-kind donations:		Description of in-kind donations:				
otal volunteer hours:		Description of volunted	Description of volunteer activities:			