



Flathead Conservation District
133 Interstate Lane, Kalispell, MT 59901
Phone: 406-752-4220 Fax: 406-752-4077
www.flatheadcd.org

EDUCATION GRANT PROGRAM FINAL REPORT

School/Organization Name & Mailing Address _____

School/Organization Federal ID # _____

Applicant Name _____

Applicant Phone Number _____

Applicant Email Address _____

Project Name _____

Date of Completion _____

Grant Amount Spent _____

How did the activity or project impart the values of conservation to the students?

Reimbursement & Reporting Instructions

To receive reimbursement:

The **W-9 form** (required for accounting and tax purposes) must have been completed and returned to the Flathead Conservation District by **September 30, 2018**.

Please complete the information above and attach: 1) copies of receipts or invoices for approved expenses, and 2) documentation showing how FCD was credited (e.g., news article, announcement, newsletter, or website post). Completed final reports and documentation are due by **June 1, 2019**.

Payment will be made payable to the **school or organization** listed on the application. Goods or services procured prior to the grant approval date or over the approved amount are not reimbursable.