

City of Muncie

American Rescue Plan: Nonprofit Fund Grant Report



Grant Overview Information

Organization Name:	
Leadership Name & Title:	
Grant Amount:	
Date of Award:	
Grant Purpose:	

Narrative and Outputs

<p>Please briefly describe how ARP grant funds were used:</p>	
<p>Please provide responses to the following project/program outputs:</p> <p># insert project/program output</p> <p># insert project/program output</p> <p># insert project/program output</p>	
<p>Please share any other impacts this funding made on your organization/clients. Did other projects, or collaborations come about because of this funding?</p>	

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Success Story

Please share a success story from this funding. You may submit your story as a separate document or use the space below. Please describe how a particular client, group of clients, or your organization was impacted due to this funding. Be sure to highlight how this funding was used to improve client or organizational conditions.

Please include detailed budget and expenditures.

Please note: You are required to retain all accounting, including invoices and receipts, for this grant for 5 years. Should this ARP grant be audited you will be financially responsible for showing this documentation. Failure to do so could require you to return the award amount to the City of Muncie.

Upon completion of the report, please submit via email to Jim Flatford at jflatford@heartofindiana.org.