

LI-ARC Mini-Grant Post Grant Reporting For Community Awareness Projects

This form must be completed and submitted within 30 days of funded project's completion.

Organization Name:			
Project Contact Person Name:			
Project Contact Person Email:_			
Project Contact Person Phone:			
Project Title:			
Project Location(s):			
Project Date & Time:			
	on of Information Ca	er Shock/Pizza Box/Social Norms Campaigns) ards or Informational Brochure Forum/Workshop	
The Project represented the fo ☐ Harm Reduction ☐ Treatment	☐ Prevention	☐ Advocacy	_
Amount awarded: \$			
Please restate what were the o	objectives of Propose	ed Project and if they were met? How?	

Number of attendees at event or number	of "contacts" mad	e through this	project?			
What type of marketing materials were u attach copies of all printed and digital materials)	sed? (Please list all typ	es and approxima	ite population i	reached. Please		
Final Budget Summary: (please attach copies	of all receipts.)					
Itamirad Funandituses	Sources of Funds					
Itemized Expenditures	LI-ARC's Share	Your Share	Other:	Total Amount:		
Signature of Project Contact Person	Date					
Print Name						

Please send completed reporting form by email, or for more information, contact Shari Santoriello, Program Coordinator, LI-ARC at rarccoordinator@hugsinc.org or by traditional mail to, LI-ARC, 108C Mill Road, Westhampton Beach, NY, 11978. Feel free to reach out by phone at 631.288.9505.





