



KENTUCKY DEPARTMENT FOR LIBRARIES & ARCHIVES

Local Records Emergency and Disaster Assistance Grant

Final Report

Agency Name:

Project Number:

Project outcome:

Please provide a brief narrative of the work performed.

If photos of the completed work are available, are they attached? Yes No Not Available

Use of funds:

Please enter the amount of funds issued, as well as the amount of funds expended below. Please also attach any invoices associated with this grant project, along with bank statements showing the deposit of funds and any payments made.

Funds Issued: Funds Expended:

Invoice Attached? Yes No Bank Statements Attached? Yes No

Does this complete the project? Yes No

Are there additional records that are still affected? Yes No

Agency Signature

Printed Name

Date

Regional Administrator Signature

Printed Name

Date

Branch Manager Signature

Printed Name

Date