

**Upper Delaware Council
TECHNICAL ASSISTANCE GRANT (TAG) PROGRAM**



TAG FISCAL YEAR 2024 PROJECT COMPLETION FORM
(Continue on additional sheets if necessary.)

TECHNICAL ASSISTANCE GRANT # _____

PROJECT NAME OR TITLE: _____

TOWN / TOWNSHIP / COUNTY: _____ Sub-Contractor: _____

1) Briefly describe the project products and results in measurable terms (provide details so that the project results and benefits can be publicized):

2) GRANT AMOUNT: \$ _____

TOTAL EXPENDED: \$ _____

BALANCE OF GRANT
FUNDS (if any): \$ _____

3) List all participating partners (organizations names and/or number and types of individuals):

Certification of Project Completion from Town/Township/County: *We certify that the above-mentioned project was successfully completed in a manner consistent with the stipulations of our Technical Assistance Grant application and agreement.*

Town / Township / County (Supervisor)

Date

Project Review Committee Chair
Upper Delaware Council, Inc.

Date