

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



**TAG FISCAL YEAR 2026 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