

PA GRAZING LANDS COALITION
Grazing Education Grant Program Report

Date: _____ Name of Sponsor (*as it should appear on the check*): _____

Address: _____ City: _____ State/Zip: _____

Name of Primary Contact Person: _____ Position: _____

Email Address: _____ Phone Number: _____

Grant Number (*as assigned*): _____; Reimbursement request amount (*per attached form*): \$ _____

Event Name: _____ Location (Site/County): _____ Event Date/s: _____

Describe the impact of the completed project (Topics, speakers, content, etc.):

Attendance number and demographics (e.g. farmers, agencies, educators, etc):

Please include a copy of an evaluation form, if distributed, as well as a summary of responses received:

Describe promotion and news coverage provided for the project:

How was the PA Grazing Lands Coalition (PA GLC) recognized in this project (attach supporting documents)?

Other information helpful to describe your project's completion (please attach any supporting documentation, including press articles and pictures):

Reimbursement Request Form

Directions: *Please send the Report (above) and Reimbursement Request Form (below) to *PA GLC no later than 30 days following the project's end. Please list items requested for payment at the top of the form and any other project expenses (matching) on the bottom of the form. Thank you!*

***EXPENSES: (Please attach copies of invoices, receipts, or other documentation)**

A. Salaries/Benefits:

| Title/s | Hours | x | Rate | Total |
|---------|-------|---|-------|-------------------|
| _____ | _____ | | _____ | \$ _____ |
| | | | | Subtotal \$ _____ |

B. Travel

Car: # of Miles _____ x _____ (current federal rate) = \$ _____

Other: \$ _____

Subtotal \$ _____

C. Equipment and Supplies (please list)

_____ \$ _____

_____ \$ _____

Subtotal \$ _____

D. Other Expenses

_____ \$ _____

_____ \$ _____

Subtotal \$ _____

TOTAL EXPENSES REQUESTED \$ _____

***PROJECT MATCH - Project related activities not billed to this project (please list separately and give value):**

A. Staff Salaries/Benefits: _____ \$ _____

B. Travel

Car: # of Miles _____ x _____ (current federal rate) = \$ _____

C. Equipment and Supplies (please list)

_____ \$ _____

D. Other Expenses

_____ \$ _____

TOTAL VALUE (MATCH) \$ _____

Submitted By: _____ Date: _____

***Please send report with Reimbursement Form via email within 30 days after the event date to events@paglc.org**