**Resident Wildfire Mitigation Grant Final Report Summary**

Upon staff review of this final report, and receipt submission, the pre-approved percentage of the total project cost (no greater than actual expended funds) is eligible for reimbursement.

Please email a combined PDF file that contains this form and all reimbursable receipts, and the in-kind contributions form, if applicable, as well as photos taken as a separate file to Makenna Shaw, Assistant to the City Manager, Makenna.Shaw@castlepinesco.gov no later than **December 31, 2023 at 11:59 pm.**

**Applicant Information**

|  |  |
| --- | --- |
| Resident Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**Project Summary**

|  |  |
| --- | --- |
| Project summary:*Please describe the overall project that was completed, including when this project occurred, what was completed, and who completed this project (i.e.: contractors, homeowner, etc).*  | Click or tap here to enter text. |
| Please describe any changes that were made to the project that were not included in the grant application: | Click or tap here to enter text. |
| Dates of completion:*Please include all key dates and when they were completed.*  | Click or tap here to enter text. |

**Project Photos**

Before Photos:

*Please include photos here, as well as attached as a separate file with this application, at time of submission.*

*  *

During Photos:

*Not required but preferred. If included, please include photos here, as well as attached as a separate file with this application, at time of submission.*

*  *

After Photos:

*Please include photos here, as well as attached as a separate file with this application, at time of submission.*

**  **

**Project Funding Summary**

|  |  |
| --- | --- |
| Total project amount expected at time of application submission: | $ |
| Grant share percentage requested: |  |
| **Total amount spent on project:***Include in-kind contributions* | $ |
| Amount requested for reimbursement: | $ |

**Receipt Summary**

Please provide a summary of purchases related to this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of purchase or payment date** | **Vendor Name** | **Summary of Purchase** | **Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL PROJECT COST:** | $ |

**Authorization**

[ ] I confirm that this project was completed in 2023, and all of the above information is true to the best of my knowledge

|  |  |
| --- | --- |
| Submitted by |  |
| Date |  |