



COMMUNITY ENHANCEMENT PROGRAM GRANT Final Exit Report

Title of Project/Program:

Applicant Organization (Project Sponsor):

Date of Project Completion:

Grant Amount:

Contact Person:

Project Report

1. **Project Description:** Describe the Community Enhancement project, including any challenges, accomplishments, or major changes from the original proposal. (Please attach photos and promotional information when possible. Use additional sheets as needed to provide a complete detail of the project)

2. Project Outcome: Describe how the project met goals set by the Community Enhancement Program and the objectives described in the proposal.
3. Was the project successful? What metrics are used to determine the success? (e.g. number of participants, area restored or cleaned, number/type of items provided for community use)
4. Names of other organizations that partnered or collaborated with this project:



COMMUNITY ENHANCEMENT PROGRAM GRANT



Project Budget						
Expense Type:	CEP	Sponsor Matching Funds	In-Kind estimated Volunteer hours	In-Kind Matching Support *	Other Source	Total project cost
Personnel Services						
Materials & Supplies						
Capital Assets						
Administration						
Other (please explain)						
Total						

Match funds and Project Budget: List all sources to be used for match funds (e.g. volunteer hours, cash, and in-kind donations).

* For the 2026-27 grant cycle \$36.44/hour is used to calculate the value of volunteer labor.

Total Estimated Cost

\$ of Total Budget provided by CEP funds

% of Total Budget provided by Sponsor and other sources

Final Budget Report

5. Budget: Describe how grant funds were spent. Include copies of invoices, receipts and contracts. Describe any significant changes to your original budget estimates (if applicable).

Per the Community Enhancement Project Agreement, excess grant funds received and not spent will be returned to the City of Sherwood within the earlier of thirty (30) days after completion of the project or July 30, 2025.

The undersigned certifies that the information in the application is true and complete to the best of their knowledge.

Signature of Party Authorized to
Represent the Organization

Printed name

Date