

Final Claim Form Community Well Being Fund

Recipient Name: _____

Project Name: _____ File Number: _____

Please complete the following sections:

Final Project Report

A. Project Description

Please provide a brief description of your project

B. Date of Completion

C. Project Costs

Total Project Cost	Funds Raised by Recipient	Approved Grant

D. Approval for Release of Funds

As the Chief Financial Officer of the Municipality of Brockton, I certify that the above project has been substantially completed and funds will be released

Signature:	
Name:	
Title:	
Phone Number:	
Date:	