**FY20 Washer – Extractor Equipment Grant Closeout Report**

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| --- | --- | --- | --- | --- |
| **Department Name:** |  |  | **Address:** |  |
| **Contact Name:** |  | **Telephone:** |  |
| **Contact Title:** |  | **Fax:** |  |
| **Email:** |  |  |

**Narrative Report**

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| **Please describe the equipment/supplies that were purchased using these grant funds, how they are being used/deployed, and the associated benefit to the recipient:** |
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| **Please cite any specific success stories that occurred as a result of these grant funds:** |
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| **Please describe any measures being implemented to support the long-term sustainability of the investments made with this grant funding:**  |
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**Financial Report**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item Description** | **Quantity** | **Unit Cost** | **Total Cost** | **Vendor Name & Address** | **PO #** | **Budget Category\*** | **Date Expense Incurred\*\*** | **Reimbursement Request Date** |
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|  | **TOTAL EXPENSES:** |  |

[ ]  I certify that the equipment purchased using these grant funds has been installed and is fully operational.

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| **Name of Grant Manager** |  | **Date** |
|  |  |  |
| **Signature** |  |  |

\*Equipment, Supplies, or Other as per approved Scope of Work

\*\* Date of equipment/supply delivery