



Live Well. Health Matters.

**MICRO-ENRICHMENT GRANT
FINAL REPORT**

A completed final report must be submitted no later than thirty (30) days following the completion of the project. **Failure to submit a Final Report within the stated timeframe will result in forfeiture of any future Micro-Enrichment Grants.**

Name of Group or Individual: _____

Address: _____

Contact Person: _____

Telephone Number: _____

FAX Number: _____

Email Address: _____

Website: _____

Name of Project: _____

Grant Amount: _____

Results of completed project, including date, number of beach cities residents served, how you used BCHD funds and any other relevant information:

Amount of BCHD funds expended: _____

Please attach list of expenditures.

Total Cost of Project: _____

Please send your completed report to: Charlie Velasquez, Executive Assistant, Beach Cities Health District, 1200 Del Amo Street, Redondo Beach, CA 90277

Received by: _____ **Date** _____