



**Arizona Historical Society  
Award Year 2018-19 Small Grant Final Report  
Submit by June 30, 2019  
Project Narrative**

Please type or print. Attach additional sheets as needed. Attach copies of receipts.

**Name of Organization** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Physical Address of Museum** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Project contact person** \_\_\_\_\_

**Project title** \_\_\_\_\_

**Summarize your project:** (1) What was accomplished? (2) Evaluate its success. For example, measurements might include increased attendance, improved exhibits, increased or improved storage, collections management improvements, artifacts and/or history preserved or recorded, increased community awareness and involvement, educational impacts.

**Arizona Historical Society**

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**Project Expenditures**

Please type or print. Attach additional sheets as needed. Attach copies of receipts.

Name of organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date	Check #	Payee	Purpose	Amount

<b>A. Total Materials Expense</b>	<b>\$</b>
<b>B. Total Value Staff/Volunteer/Intern</b>	<b>\$</b>
<b>C. Total Professional Services Expense</b>	<b>\$</b>
<b>TOTAL PROJECT COST (A + B + C)</b>	<b>\$</b>
<b>Total non-AHS funds, if any:</b>	<b>\$</b>
<b>Total GRANT received from AHS:</b>	<b>\$</b>

I certify that these funds were spent as indicated above.

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Contact Person

\_\_\_\_\_  
Date

**Submit by June 30, 2019 to:**  
**Arizona Historical Society**  
**Attn: Todd Bailey**  
**1300 N. College Ave.**  
**Tempe, AZ 85281**  
**Email: tbailey@azhs.gov Phone: 480.387.5365**