



Project Narrative

Please type in the fillable form. Attach additional sheets as needed.

Name of Organization:

Mailing Address:

City:

Zip:

Physical Address of Museum:

Telephone:

Email:

Project Contact:

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.



Project Expenditures

Please type in the fillable form. Attach additional sheets as needed.

Name of organization:

Project Title:

| Date | Check # | Payee | Purpose | Amount |
|------|---------|-------|---------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Spent: \$

AHS Award: \$

Non-AHS funds (if any): \$

Photos

Did you email at least 2 photos of the completed project to certified@azhs.gov? Yes !

I certify that these funds were spent as indicated above.

Signature of President:

Date:

Signature of Project Contact:

Date: