



2024–25 Small Grant Final Report

DUE JUNE 15, 2025

PLEASE TYPE IN THE FILLABLE PDF FORM.

Name of Organization _____

Mailing Address _____

City _____ ZIP Code _____

Physical Address of Museum _____

City _____ ZIP Code _____ County _____

Phone _____ Email _____

Project Contact Person _____

Contact Phone _____ Contact Email _____

SUBMIT BY JUNE 15, 2025

Email completed form to: **certified@azhs.gov**

Mailed items will not be accepted.

For questions, please call **(520) 617-1141**.

azhs.org

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. **Please limit response to 500 words.**

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PROJECT PHOTOS

Email at least two digital photos of the completed project with this report to certified@azhs.gov.

BUDGET SUMMARY

	EXPENSES
Total Expenses:	\$
Amount of AHS Award:	\$
Amount of other funds received:	\$

Detail of expenditures related to grant. Please include copies of receipts (not originals):

DATE	CHECK #	PAYEE	PURPOSE	AMOUNT

I certify that these funds were spent as indicated above.

Name of authorized signatory: _____

Signature of authorized signatory _____ Date _____

Digital signature accepted. Or please print, sign, and scan.

QUESTIONS?

For the fastest response, please email certified@azhs.gov. If you wish to receive a phone call to discuss your questions, please indicate a valid phone number where you can be reached. Otherwise, call (520) 617-1141 and AHS staff will return your call.

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