



MACON COUNTY COMMUNITY FUNDING POOL (CFP)

FINAL REPORT

DEADLINE: FRIDAY, JANUARY 5, 2024 @ 5:00 P.M.

failure to provide this completed final report timely disqualifies organizations from applying for additional CFP funds

Organization's Legal Name
and DBA / :

Primary Contact Name /
Title / Email Address:

Organization's Full Mailing
Address:

Primary Contact Telephone
Number:

Reporting Year CFP Award Amount: \$ _____

PARTICIPATION (describe who benefited from CFP funding with special attention given to the diversity of the population)

STATISTICS (if accurate counts aren't available, please provide realistic estimates)

NUMBER DIRECTLY INVOLVED

Paid staff, full time:

Paid staff, part time:

Volunteers:

*People benefiting (clients, audience, etc.):

TOTAL NUMBER INVOLVED:

HOURS SPENT

Paid staff hours:

Volunteer hours:

TOTAL PROJECT HOURS:

DEMOGRAPHICS PERCENTAGE (as accurately as possible, indicate percentage of people benefiting)

Child (up to age 16)

Young Adult (ages 17-24)

Adult (ages 25-54)

Senior (ages 55 and up)

Macon County Resident

INCOME AND EXPENSE REPORT (list ALL sources and applications of funds directly related to the project or service)

<u>INCOME SOURCES</u>	<u>\$ AMOUNT</u>	<u>EXPENSE CATEGORIES</u>	<u>\$ AMOUNT</u>	<u>IN-KIND SOURCES</u>	<u>\$ VALUE</u>
Community Funding Pool					
TOTAL PROJECT INCOME		TOTAL PROJECT EXPENSE		TOTAL IN-KIND	
TOTAL REPORTING FY INCOME			TOTAL REPORTING FY EXPENSES		

PROJECT NARRATIVE (evaluate the funded program or service, describing how you used CFP funds to meet a need in Macon County, how volunteers were involved, and how successful your effort was)

CERTIFICATION (two signature are REQUIRED and may include: Board President/Chair, Executive Director, Project Director, Financial Officer)

We the undersigned certify that all information contained in this report, attachments and supporting material is true, accurate and complete to the best of our knowledge. Additionally we certify that the expenditures are for the purposes set forth in the CFP application.

First Signatory's Printed Name	Title	Date
Signature		

Second Signatory's Printed Name	Title	Date
Signature		

Completed applications may be mailed or hand-delivered to:

- CFP Committee c/o Macon County Public Library 149 Siler Farm Rd. Franklin, NC 28734
- CFP Committee c/o Hudson Library 554 Main St. Highlands, NC 28741
- CFP Committee c/o Nantahala Community Library 128 Nantahala School Rd. Topton, NC 28781

END FINAL REPORT