

Kane County
RECREATION & TRANSPORTATION
Special Service District

Post-Project Form

Date _____

Project Name: _____ Organization: _____

Date of Completion: _____ Amount Awarded: \$ _____

Date of Award Approval: _____ Date of Funds Received: _____

Total Funds Expended: \$ _____

Please attach supporting documents for each expenditure, including but not limited to:

- Invoices
- Receipts
- Contracts or agreements
- Any other relevant documentation proving the correct expenditure of funding
- Unspent Funds (if any): _____
- All Funds were fully expended
- Unspent funds remain

If unspent funds remain, they must be returned within 30 days unless otherwise approved in writing.

Please submit this completed Post-Project Form and all attachments to Clayton Cutler at ccutler@kane.utah.gov.

By signing below, I certify:

- Funds were used solely for the approved project.
- Information provided is true and accurate.
- All required documentation is attached.
- Project was completed within the required timeframe (or approved extension)
- All expenditures and reimbursement requests (if applicable) were made in accordance with the approved funding method established by the District.
- I understand failure to comply may impact future funding eligibility.
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Signature

Printed Name

Date