



Grant Year July 1, 2016 through June 30, 2017

**1889 FOUNDATION  
CREATIVE HEALTH IMPACT GRANT  
GRANT AWARD AGREEMENT**

**A. Applicant Information**

Organization Name:			
Contact Person:		Title:	
Address:			
Phone:		Cell:	
Email:			

**GRANT AWARD AMOUNT:** \_\_\_\_\_

**GRANT PROJECT TITLE:** \_\_\_\_\_

**Please check one of the following:**

**We ACCEPT the grant award**

**We DECLINE the grant award**

<b>SIGNATURES:</b>	
_____ <b>President, Chairman or Board Member</b> Name and Title	_____ <b>Project Manager</b> Name and Title

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

***B. Project Description***

1. List the activities of your funded project. Describe any minor changes (if any) that will be made to the scope of activities. (Any changes that significantly differ from the original application must be approved by the PRAA Executive Director.)

Please list your revised budget Income and Expenses based on the amount of your grant award. Total Income must equal Total Expenses.

<b>C. Project Income</b>	
LIST ALL SOURCES OF CASH INCOME FOR THIS PROJECT:	DO NOT INCLUDE IN KIND SUPPORT
1. <b>Grant Amount Received:</b>	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12. Total project income – Must Match Project Expenses	\$

<b>D. Project Expenses</b>	
LIST ALL EXPENSES FOR THIS PROJECT:	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12. Total Project Expenses-Must match Project Income	\$