



Grant Year September 1, 2024 through August 31, 2025

**1889 FOUNDATION
 CREATIVE HEALTH IMPACT GRANT
 GRANT AWARD AGREEMENT
 2024-2025 GRANT YEAR**

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

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

Signature and Date

Signature and Date



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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 PRAA's Executive Director.)

Please list the anticipated dates of your project activities.



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Please list your revised budget Income and Expenses based on the amount of your grant award. Total Income (this page) must equal Total Expenses (next page).

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

Total Expense (this page) must equal Total Income (previous page).

D. Project Expenses	
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	\$