

TN HTF CAPACITY BUILDING PILOT PROGRAM CLOSE OUT FORM

Please Type all information and use additional sheets if necessary.

Grantee Name: _____

Grantee Address: _____

Executive Director: _____

CBPP Contract Number: _____

Contract Term Dates: _____

Total Grant Amount Awarded: _____

Total Grant Amount Expended: _____

Description of Project Activity:

1. What was the activity proposed in the grant application?

2. Was the activity completed as proposed in the grant application? If not, what changes were made from the activity that was proposed in the grant application?

Location of Project Activity: Provide the location or locations of the project activity including the address, city, and county. If the project is on scattered sites, list the address for each site.

Street Address	City	County	Complete Yes or No

Project Completion Date: _____

Contact Person Completing This Form: _____

Title: _____

E-mail Address: _____

Phone Number: _____

Date: _____