



Carrabassett Valley Outdoor Association PROJECT FINAL REPORT

Name of Organization: _____

Name and Location of Project: _____

Date(s) of Project: _____

Name of Contact: _____

Mailing Address: _____

Telephone: _____ Email: _____

Amount Requested: _____ Actual Cost of Project: _____

How Were the Funds Used? _____

What Was the Outcome of this Project? _____

How Many Benefitted? _____ Staff Involved: _____ Volunteers Involved: _____

If there are any questions, please contact the CVOA Treasurer at cvoa.treasurership@gmail.com. Please return this form to Treasurer, CVOA, Valley Crossing #6, Carrabassett Valley, Maine 04947.

Signature: _____ Date: _____

Title: _____

Adopted June 23, 2019