



SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947

COMMUNITY FUNDS GRANT COMPLETION CERTIFICATION:

Please fill out the following information and attach documentation of expenditures (invoices marked paid, receipts, credit card statements, written proof of who the money went to and what part of the application it served, etc.) to show compliance with the Community Funds Grant criteria listed in Section 29 of the Select Board Policies and Procedures.

Amount Awarded:		Grant Year	
Legal Name of Organization:			
Non Profit #: Please List # and Check Appropriate Box Below (If Applicable):			
<input type="checkbox"/> 501c3 #, <input type="checkbox"/> 501c19 (Veteran's), <input type="checkbox"/> AG Account #, <input type="checkbox"/> IRS SS-4 for a Nonprofit Org. Tax ID#			
Legal Address of Organization:			
Responsible Person:			
Address of Contact Person:			
Phone #:			
Email:			
Funds Returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, Amount Returned - \$		
Under penalty of perjury, I declare that the information furnished in this certification, including all attachments, are true and correct to the best of my knowledge.			
Signature:			
Title:			
Date:			