

**Lake County CARES Act Charitable Nonprofit Grant  
Final Report**

This report is due by December 1, 2020. Reports submitted earlier may be considered for additional funds if available and organization is eligible to re-apply.

Date submitted: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount awarded: \$ \_\_\_\_\_ Amount used: \$ \_\_\_\_\_

Amount unused and to be returned to Lake County, if any: \$ \_\_\_\_\_

Please detail how Mini Grant funds were used:

Description: \_\_\_\_\_ Amount Spent: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Amount Spent: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Amount Spent: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Amount Spent: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Amount Spent: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Submitted by (please print name): \_\_\_\_\_

By this signature, I certify that all information on this form is correct to the best of my knowledge, and that funds from this grant were used for legitimate expenses that were:

- Necessary expenditures incurred due to the COVID-19 public health emergency
- Not accounted for in the budget approved by March 27, 2020 (date of the CARES Act)
- Incurred between March 1, 2020, and ends on December 1, 2020
- Not be reimbursable from any other source

In addition, these expenses were not reimbursed by any other outside funding source.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Submit Final Report to: Keri Parks, Lake County Emergency Management, 99 Edison Blvd, Silver Bay, MN 55614  
[keri.parks@co.lake.mn.us](mailto:keri.parks@co.lake.mn.us), 218-226-4443 phone, 218-226-3916 fax