**2023 Farm Fund**

**Grant Report**

**At the conclusion of your project please complete this form and submit as an electronic file to request final payment and close the grant.**

**Project Title:**

**Payment Requested:**

**Contact Information**

Your Name:

Business or Organization Name:

Mailing Address:       State:    Zip:

Phone Number:

Email:

**Project Description**

Please provide an overview of the work completed with the Farm Fund grant dollars. Include tasks accomplished, unanticipated challenges, project results, and a description of any education and outreach offered as a result of this project.

**Testimonial**

Please provide a testimonial that speaks to the impact the Farm Fund grant has had on your farm business. This quote may be used in outreach for the Farm Fund, providing it here gives the CCCD and MFC permission to use it. The Monadnock Food Coop Marketing Department may contact you for further information.

**Required Attachments**

* Photograph (digital jpg format) of farm family or crew in front of the completed project with provided Monadnock Food Coop Banner. Please contact marketing@monadnockfood.coop to secure the banner for the photo
* Photographs that demonstrate the process and completion of the project
* Invoices & receipts, the total of the invoices & receipts should match the payment

 request. Please provide explanation as necessary 

* Information on the metrics identified in application Reports or other documents created with these funds.