



Grant Performance Form

Due by the last day of June of the Granting Year

Date June 26, 2015

Legal Name of Agency/Organization CONTACT Altova

Executive Director's Name Terriann Grove

Name of Individual completing Form and Title Terriann Grove - Executive Director

Telephone 946-0531 Email Address tgrove@contactaltova.com

Title of Project/ Event PA 2.1.1 / Visumlink Software License Fees

Describe the Project/ Event and include any media releases/ photos (if available).

Please see the attached.

What was the impact of the Health and Welfare grant on your program? _____

Please see the attached

How many participants were involved? (Staff, Client's and/or Community)

Please see the attached

What were your collaborative efforts on the project/event?

Please see the attached

List any additional funds received / needed to complete the project. (Include In-kind)

Please see the attached

How did you promote/ acknowledge the grant donation from Blair County Health and Welfare?

Please see the attached

Please share one or more anecdotes and/ or comments about your project.

Please see the attached.

Attach a description of your Expense Report for the Project and the expenses utilizing this Grant.