culturaltrust.org
775 Summer Street NE, Suite 200
Salem, Oregon 97301
503-986-0088

FY 2026 Cultural Participation Final Report

Coalition Name			
Primary Contact Name			
Primary Contact Email			
Primary Contact Phone			
REVENUE		**EXPENSES**	
FY2026 Grant Award	$	FY2026 Grants Distributed	$
Carryover from Previous Year (not to exceed 10% of total received)	$	# of Grants Awarded	
Earned Income (other sources/amounts of funding)	$	Administrative Costs (not to exceed 20% of grant received)	$
In-kind Contributions (volunteer hours*, other donated revenue, etc)	$	In-kind Expenses (value of volunteer hours*, other donated expenses, etc.)	$
TOTAL REVENUE	**$**	**TOTAL EXPENSES**	$

Comments *(use this section to describe the values/activities above):*

I hereby certify that all of the facts, figures, and representations made in this final report, including all the attachments, are true and correct to the best of my knowledge, and this final report is made with the approval of my county coalition representatives.

Signature Date

Printed Name and Title:

**Independent Sector Value of Volunteer Time: $36.14/hour*