[SUBDIVISION]

[DATE]

[RECIPIENT’S ADDRESS]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: [FUNDING OPPORTUNITY TITLE]

Dear [RECIPIENT],

The [SUBDIVISION, COMMISSIONERS, CITY/TOWN COUNCIL] have approved your grant application from the [FUNDING OPPORTUNITY TITLE]. We are happy to inform you that you have been awarded this grant in the amount of $\_\_\_\_\_\_ for your project [PROJECT TITLE] for the period of [START DATE] to [END DATE].

As a result of this grant, your organization agrees to the following:

1. To provide the [COMMISSIONERS, CITY/TOWN COUNCIL, TASK FORCE/COMMITTEE] with:
   1. A progress report due [FREQUENCY – i.e., quarterly, monthly], including financial reporting.
   2. A final report including [REPORTING EXPECTATIONS] due within [X] days/months of the completion of the project.
2. To repay, upon demand, [SUBDIVISION] the total amount awarded if any of the following events occur throughout the grant period:
   1. Failure to spend the grant as indicated in the application
   2. Failure to meet the requirements outlined in the grant contract

Please review and sign this award letter and return it to [ADDRESS]. Please be advised that you have up to [TIME FRAME] of the notice of award to accept the award. If the award is not accepted within this timeframe, the application and award notice will be considered void. An authorized signatory must be signed on behalf of your organization. If you agree to these conditions, please return a signed copy of this letter.

Once we receive your signed acceptance of these conditions, we will award [ORGANIZATION] its funds. We are excited to support your project!

Best Regards,

[NAME AND SIGN LETTER]

Accepted by [RECEIPIENT ORGANIZATION]

[ORGANIZATION NAME] agrees to the terms and conditions stipulated in the grant award letter.

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

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

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

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