

NRA Public Range Fund Grant Final Report

(Please complete and Return to range@nrahq.org)

Grant Number	
Organization Name	
Contact Name	
Address	
Phone	
Amount Awarded	
Check Number	
Project Title	

Project Goals & Objectives:

How did our grant contribute to your success?

What impact has the project had on its intended audiences?

How was the NRA Range Department recognized for their support?

How many people benefited from this grant?

Please specify the numbers of women, children, etc.

Detail of Expenditures:

Supplies	Amount of Expenses	Total Expenses
1)	1) \$	
2)	2) \$	
3)	3) \$	
4)	4) \$	
5)	5) \$	
Equipment Rental	Amount of Expenses	Total Expenses
1)	1) \$	
2)	2) \$	
3)	3) \$	
4)	4) \$	
5)	5) \$	
Labor	Amount of Expenses	Total Expenses
1)	1) \$	
2)	2) \$	
3)	3) \$	
4)	4) \$	
5)	5) \$	
Construction Cost	Amount of Expenses	Total Expenses
1)	1) \$	
2)	2) \$	
3)	3) \$	
4)	4) \$	
5)	5) \$	
Printing/ Publishing	Amount of Expenses	Total of Expenses
1)	1) \$	
2)	2) \$	
3)	3) \$	
4)	4) \$	
5)	5) \$	
Other (Please Explain)	Amount of Expenses	Total of Expenses
1)	1) \$	
2)	2) \$	
3)	3) \$	
4)	4) \$	
5)	5) \$	
Total Expenses		\$

Please include copies of all receipts

Other Comments:

I / We certify that this information is correct, and that all expenditures were incurred solely for the purpose as presented in the grant proposal.

Report prepared by: _____
Print Name

Date: _____

Report prepared by: _____
Signature

Please forward any photos or newspaper clippings relevant to the grant that you wish to share. Please note these may be used in NRA publications, therefore, please complete the photo release form below and return with final report.

Photo Release

I irrevocably consent to and authorize the use, publication and reproduction at any time by the National Rifle Association of America, and its successor(s) or assign (s) of any and all photographs taken on (Date) _____, of me and/ or my minor child, as parent or guardian with or without names, for any editorial use, including composite or distorted representations, promotions, advertising, or other purpose whatsoever, and waive any claim or right arising out of such use, publication or reproduction, including any right of privacy.

Date: _____

Name: _____

Child's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Please return this form to the mailing address below:

*NRA Public Range Fund
11250 Waples Mill Road
Fairfax, VA 22030
703-267-1276
range@nrahq.org*

