Neighborhood Improvement Program

NEIGHBORHOOD ENRICHMENT GRANT PROGRAM FY24-25 CLOSEOUT REPORT

** Grant changes are effective beginning Fiscal Year 24/25 (July 1, 2024 through June 30, 2025) **

Mailing Address:	Contact:	Physical Address:
Richland County Community Planning & Development Neighborhood Improvement Program P.O. Box 192 Columbia, SC, 29202	NIP@richlandcountysc.gov Phone: (803) 576-2190 Fax: (803) 576-2182 Website: https://tinyurl.com/NIPGRANTS	Richland County Community Planning & Development Neighborhood Improvement Program 2020 Hampton St, Columbia, SC 29204

Receipts and project proof are to be attached. This Closeout Report is due before June 30th, 2025. Submit this completed packet and attachments via email, mail, or in person. Complete each form for each project as necessary. Delete or duplicate extra pages as needed.

GRANTEE INFORMATION		
Neighborhood Organization:		
Point of Contact Name:		
Point of contact Signature		
Approved Projects:		
Date:		

CLOSEOUT REPORT CHECKLIST

A complete closeout report includes the following:

☐ Copy of receipts
\square Project proof (flyers, sign in sheets, or photos)
\square Expenditure Form
\square Volunteer Hours (optional)
☐ Post Implementation Review (optional)



EXPENDITURE FORM | NEGP FY 24-25

GRANTEE INFORMATION			
Neighborhood Organization:			
Project Name:			

EXPENSES				
Description of Expense & Vendor	Date of Expenditure	Amount		
	Total Amount:			
Point of Contact Signature/Date:				



EXPENDITURE FORM | NEGP FY 24-25

GRANTEE INFORMATION			
Neighborhood Organization:			
Project Name:			

EXPENSES				
Description of Expense & Vendor	Date of Expenditure	Amount		
	Total Amount:			
Point of Contact Signature/Date:				



EXPENDITURE FORM | NEGP FY 24-25

GRANTEE INFORMATION			
Neighborhood Organization:			
Project Name:			

EXPENSES				
Description of Expense & Vendor	Date of Expenditure	Amount		
	Total Amount:			
Point of Contact Signature/Date:	,			



(OPTIONAL) VOLUNTEER HOURS FORM | NEGP FY 24-25

GRANTEE INFORMATION			
Neighborhood Organization:			
Project Name:			

VOLUNTEER INFORMATION				
Name	Task	Date	Hours	
		Total Hours:		
Point of Contact Signature/Date:				





(OPTIONAL) POST IMPLEMENTATION REVIEW | NEGP FY 24-25

	ı	GRANT	EE INFORMAT	TION	
Neighborhood Organiza	ation:				
Point of Contact:					
Project Name:					
This is an exercise made t determine what went we note the successes and fa	ll, what went b				
		POST IMPLI	EMENTATION	REVIEW	
Good:					
Bad:					
Lessons Learned:					

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Point of Contact Signature/Date:

(OPTIONAL) POST IMPLEMENTATION REVIEW | NEGP FY 24-25

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Bad:						
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Point of Contact Signature/Date:

(OPTIONAL) POST IMPLEMENTATION REVIEW | NEGP FY 24-25

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Lessons Learned:					

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Point of Contact Signature/Date: