MONTANA
DEPARTMENT OF COMMERCE

COMMUNITY DEVELOPMENT DIVISION
Montana Coal Board
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Montana Coal Board Grant Completion Report

1. DOC Contract Number:

   Project Description:

2. Amount of Grant:

   Total Claimed:

   Unclaimed Balance (if any):

3. Name of Grantee and Address: Telephone/Email:

4. What is the purpose or intent for which this grant was awarded?

5. How did this grant accomplish its purpose in fulfilling the need caused by the impact from coal development?

Please use additional sheets of paper if needed.

6. Describe the method used in selecting the contractor, supplier, or vendor to fulfill the requirements of this grant.
7. What methods for monitoring this grant were established by the grantee and how were they carried out?
8. What are the direct benefits derived from this grant?
9. Describe what funding alternatives were available to the grantee to address this impact problem.
10. Do you anticipate the need to request additional funds? If yes, explain.

Please use additional sheets of paper if needed.

11. Was the project completed within the original cost estimates and time frame?	
12. Are there any outstanding liens or claims against this project? If so, to what extent and how will this be resolved?	
13. Statement of certification releasing the State and the Coal Board of any further financial obligations concerning the project.	
14. Please comment on the Coal Board's staff administration of this grant. Do you have any suggestions for improvements?	
15. Name and title of person or persons preparing this report:	Telephone:
16. Signature of person completing the report:	Date:

Please use additional sheets of paper if needed.