

## OCOTILLO WIND TRIBAL MITIGATION PROGRAM GRANT NARRATIVE

## **GRANTEE INFORMATION**

Grantee / Name of Tribe:			
Address:			
City:	State:		Zip:
Contact Person:			_ Title:
Phone:	_ Email:		
Person Submitting Narrative:			Title:
Phone:	_ Email:		
ARITABLE PURPOSE (please select or	ne or as many activit	ies t	that apply to the current grant narrative)
<ul> <li>□ Tribal Monitor Training</li> <li>□ Curation Management and Conserv</li> <li>□ Tribal Annual Gathering</li> <li>□ College Scholarships</li> </ul>	ation Training		<ul><li>Linguistics Programs</li><li>Outreach Programs</li><li>Ethnography Studies</li></ul>
GRANT AMOUNT RECEIVED	GRANT FUNDS S	PE	ENT GRANT FUNDS REMAINI
\$	\$		\$
be a limitation. If you have already prepin place of this form. If there is any document the program activities supported by this we would greatly appreciate your include	pared a report that out to a sumentation, or copie to grant which you fe ding them with this n	addi s of el c arro	rm and the space provided is not meant to dresses these questions, you may submit i of press releases or pictures that showcase comfortable sharing with the Foundation rative. This information will be shared with ort and/or other publications and releases.
Thank you for taking the time to respon	d. We look forward t	o re	reading your responses.
1. WHAT WERE THE OBJECTIVES O	F THE PROGRAM T	ΉΑ	AT WERE SUPPORTED BY THIS GRANT

2.	HOW WERE GRANT FUNDS USED IN FULFILLING THE PROGRAM'S OBJECTIVES?
3.	WHAT WAS THE OUTCOME OF THE PROGRAM, RELATIVE TO YOUR OBJECTIVES?
4.	IN RETROSPECT, WHAT MIGHT YOU HAVE DONE DIFFERENTLY? OR, WHAT HAVE YOU LEARNED AS A RESULT OF THIS GRANT?

Please submit your completed narrative and any attachments to Bobby Brock, IVCF President/CEO by email to bobby@ivcommunityfoundation.org. For more information or questions, please call (760) 336-0055 or visit www.ivcommunityfoundation.org.