



**CIT OF DONNELLY  
LOCAL OPTION TAX PROJECT COMPLETION  
AND VERIFICATION FORM  
LOT FUNDING**

LOT Request #:  
Organization:  
Project:  
Amount Awarded:  
Date Funds Mailed:

Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Start Date: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_  
Actual Amount Spent (attach receipts): \_\_\_\_\_  
*(Receipts must be attached.)*

Project Description:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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