



Impact Statement

Public Service Grant Awardee: _____

Project Name: _____

Within six months from the **initial receipt of reimbursement funds**, the Awardee must provide an impact statement using this template, explaining the impact the funds have had on their ability to add, increase, or enhance public services in Dunn County.

Impact statements can be emailed to the auditor at: Sally.Whittingham@DunnCountyND.gov OR delivered to the auditor at the Dunn County Courthouse in Manning, ND.

Date of Initial Receipt of Funds _____

Expense(s) Description *(i.e., fire truck)* _____

Impact Statement

Please describe below how the funds provided for the expense(s) listed above have enabled your organization to add, increase, or enhance public services in Dunn County. Include information such as the number of citizens served, the types of new services offered, an explanation of how a new space is being utilized, etc.

Submitted By:

By: Authorized Representative

Date

Print Name/Title: _____

----- **FOR INTERNAL USE ONLY** -----

Received By (Signature Name & Title for Dunn County): _____

Date Received: _____

Date Submitted to BOCC: _____