

Klamath County Economic Development Grant
Final Report

Please provide the following information and submit with your final drawdown request. 20% of the grant is withheld until we receive the final report.

Gilchrist Mall Restoration and Improvement

Title of Project / Funds Awarded

Date of Project Jan 2020

Ernst Family Foundation

Name of Organization

Stacy Allen

Contact Person

PO Box 637

Address

Gilchrist, OR 97737

City, State, Zip

541-931-7966

Phone Number

gilwatereff@gmail.com

Email Address

Submit Report to:
Klamath County Finance
305 Main Street
Klamath Falls, OR 97601
541-883-4202

1. For written material and other media where the organization provided acknowledgement of the grant, provide a detailed list of all materials and an electronic version of the material. (Including audio or video recordings.)

No advertising was made as area is not yet open to the public but we plan to include recognition of support from Klamath County when it opens.

2. Detail the matching funds expended and provide proof of their expenditure.

Removed all ceiling tiles, paint/texture in banquet room of old restaurant

3. Update the budget forms from your original application with actual revenues and expenses.

4. How many jobs were created or retained by the project?

0

5. How would you characterize and measure the economic impact of the grant?

Our ability to repair and update the banquet area of the restaurant has made the space more appealing and we have had a couple different prospective lessees in the last few weeks

6. What are your suggestions to improve the grant process?

By signing this you are agreeing that you have paid all bills accrued through this process; as well as agreeing that the Logo Usage Agreement is now terminated.

Stacy Allen
Signature

3-17-2020
Date

Stacy Allen Admin. Assistant
Printed Name and Title

**Klamath County Economic Development Grant Application
Project Budget**

| INCOME | Committed | Pending | Total | Actual | Comments/Explanations |
|---|-----------|-------------|-------|-------------|---|
| County Grant Request | | \$30,000.00 | | \$5,000.00 | |
| Cash Revenues - Source: Gilchrist Mall (Ernst Family Foundation) | | \$19,760.00 | | \$19,760.00 | Cash Down |
| Source: | | | | | |
| Source: | | | | | |
| Total Cash Revenues | - | - | - | - | |
| In-Kind Revenues: Source: | | | | | |
| Source: | | | | | |
| Source: | | | | | |
| Total In-Kind Revenues | - | - | - | - | |
| Total Revenue | - | \$49,760.00 | - | \$24,760.00 | |
| EXPENSES | | | | | |
| Cash Expenses - Personnel costs | | | | | |
| Travel costs | | | | | |
| Materials and supplies | | | | | |
| Professional services | | | | | |
| Other: Parking Lot Expansion | - | \$35,000.00 | - | \$0.00 | Insufficient funding at this time. |
| Other: Gutter Repairs | | \$4,200.00 | | \$730.00 | Original project for \$4172 was started before contract date. Additional work needed (\$730) was started/completed after the contract date. |
| Other: Replace flooring and ceiling tiles in banquet room | | \$10,000.00 | | \$7,800.00 | |
| Other: | | | | | |
| Total Cash Expenses | - | \$49,200.00 | - | \$8,530.00 | |
| In-Kind Expenses Labor | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Total In-Kind Expenses | - | - | - | - | |
| Total Expenses | - | \$49,200.00 | - | \$8,530.00 | |
| Net Income<Expense> | - | - | - | - | |

NOTES

Be as specific as possible; provide explanation to help clarify budget items
Use the "Actual" column when preparing your final report; submit this form with the final report
Use additional space or lines if necessary to provide complete information
Value all volunteer labor at \$12.50 per hour for in-kind revenues and expenses.