



ORAL HISTORY GRANT REPORT FORM

Please complete this report form and submit it to Kelly Heide, CHFM Manager, at kheide@aafp.org within 30 days of project completion.

GRANT RECIPIENT NAME

PROJECT TITLE

I. SUMMARY OF INTERVIEWS Please provide a 2-3 paragraph summary of each interview conducted for this project.

II. BUDGET RECONCILIATION

a. ACTUAL EXPENSES Report all expenses associated with the project including those funded by the Oral History Grant and other funding sources. Any unused funds need to be returned to CHFM.

	ORAL HISTORY GRANT REQUEST	OTHER FUNDING SOURCES	TOTAL BUDGET BY CATEGORY
ADMIN, STIPENDS, FEES		\$	\$
TRAVEL/ TRANSPORTATION	\$	\$	\$
TECHNOLOGY/ EQUIPMENT	\$	\$	\$
TRANSCRIPTION	\$	\$	\$
OTHER	\$	\$	\$
TOTAL per Funding Source	\$	\$	\$

b. BUDGET NARRATIVE Please include an explanation for each category, including both the expenses covered by the Oral History Grant and expenses covered by other funding sources, if applicable.

ADMIN, STIPENDS, FEES

TRAVEL/ TRANSPORTATION

TECHNOLOGY/ EQUIPMENT

TRANSCRIPTION

OTHER

