



KAPPA KAPPA PSI
NATIONAL HONORARY BAND FRATERNITY

Matching Grant Final Report

College/University: _____

Grant Author: _____

Contact Person: _____

Address: _____

E-mail: _____

Phone Number: _____

Kappa Kappa Psi Chapter(s), if applicable: _____

Grant Approved by Kappa Kappa Psi _____

Due Date for Final Report _____

Guest Conductor(s)/Composer(s)/Artist(s)

Name

Position/Title



Please complete and return to:

Kappa Kappa Psi National Headquarters

PO Box 849 • Stillwater, OK • 74076-0849

Telephone: (405) 372-2333 • Fax: (405) 372-2363

E-Mail: grants@kkpsi.org | www.kkpsi.org

BUDGET WORKSHEET	Budgeted Amount	Actual Amount	Amount to be covered by Kappa Kappa Psi Matching Grant
Travel to/from Campus			
Lodging			
Travel on Campus			
Food			
Supplies			
Promotion Materials			
Other			
TOTAL			

****NOTE**** *The Kappa Kappa Psi Matching Grant cannot be used for honorariums. Only costs that include a valid receipt will be reimbursed.*

Other Funding Sources and Amount:

Total to be funded by Internal/Personal Funds:

THIS REPORT AND ALL RECEIPTS MUST BE SUBMITTED WITHIN 30 DAYS OF THE CONCLUSION OF THE LAST EVENT FOR THIS GRANT.

Evaluation/Assessment of the Success of Your Funded Matching Grant Program

Supplemental Information to include:

- A copy of all receipts related to event(s) being funded
- A copy of all programs/flyers for the event(s) showing partial funding provided by Kappa Kappa Psi

Grant Author

Director of Bands

Additional Grant Author

College/University Grant Administrator