Department of California
Committed to Serve... Those who served

GRANT #_____
[DEPARTMENT USE ONLY]

2025-2026 AFTER-ACTION REPORTING FORM

Post # _____ Reporting Date _____

Project Title _____ Program Date _____

Reportable Program _____ Report Preparer _____

No. of Individuals Served _____ No. of Volunteers _____ No. of Volunteer Hours _____ Miles Traveled _____

Budget [must attach receipts]

Grant Amount $ _____ - **Amount Spent** $ _____ = **Balance** $ _____

if the balance is: $ > 0, this must be returned to the Department

Date	Vendor	Description	Budgeted	Actual
			$	$

[If you need more room, attach additional sheet]

_____ Signature

_____ Title

_____ Date