



CALLAWAY FOUNDATION, INC.  
EST. 1943

P.O. Box 790 | LaGrange, Georgia 30241 | 706.884.7348

# CERTIFICATE OF COMPLETION OF PROJECT

*Re: Grant Program for Churches Located in Troup County, Georgia*

1. Name of Church \_\_\_\_\_

Address of Church \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name of Pastor \_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Contact information for this project:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the project described as \_\_\_\_\_

located in Troup County, Georgia has been completed in accordance with the original specifications and explanations which we furnished to you.

We, the undersigned officials of the church named below, located in Troup County, Georgia, hereby further certify that all bills and invoices for said project are on hand (**attach copies**), that all such bills and invoices have been paid in full from cash on hand, that no borrowed funds were or will be used, or that such bills will all be paid promptly upon receipt of the contribution from Callaway Foundation, Inc. We hereby further certify that the attached summary of all financial transactions connected with this project is accurate and complete. **We have attached a copy of the Church's most recent Balance Sheet and Income Statement.**

**Please fill in the following information:**

Project Total        \$ \_\_\_\_\_

Amount Collected \$ \_\_\_\_\_

Amount Borrowed \$ \_\_\_\_\_

Please explain if borrowed funds were or will be used: \_\_\_\_\_

\_\_\_\_\_

We hereby further certify that to the best of our knowledge and belief, the above mentioned project was handled in full accordance with the Standard Provisions of the Grant Program of Callaway Foundation, Inc. for churches located in Troup County, Georgia.

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Church Official (Pastor/Minister)

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Church Official (Secretary/Clerk)