

Native American Business Advisor Grant

Final Year-End Report and Recertification Statement

Grantee and Contract Information

- Grantee organization: _____
- Fiscal year: _____
- Primary contact name and title: _____

Year-End NABA Project Summary/Success Story

In one or two short paragraphs or bullets, summarize your NABA work during this contract year. Focus on key outcomes for Native entrepreneurs and businesses, IEF assistance and capacity-building activities.

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Financial Summary: Full Year

- Total NABA grant funds awarded this year: \$ _____
- Total NABA grant funds expended this year: \$ _____

In one to three sentences or bullets, describe how NABA funds were used:

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Recertification Statement: Ability to Serve as NABA Next Year

In two to four sentences or up to four bullet points, describe how your organization is still able to serve in the capacity of a NABA in the coming year. You may mention staffing, partnerships, active client base and any organizational strengths that support ongoing NABA work.

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Planned Focus and Goals for Next Year

In three to five sentences or two to five short bullet points, list concrete items you hope to accomplish as a NABA in the next year. For example, planned trainings, target numbers of IEF applicants to assist, new collaborations or priority industries.

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Certification for Recertification

By signing below, the undersigned certifies that:

- The information in this Final Report is true and complete to the best of their knowledge.
- The organization remains able and willing to serve as a NABA in the coming year, consistent with NABA Program Guidelines and the NABA contract.



- The planned activities described above reflect the organization’s intended NABA work for the next year, subject to approval by the Montana Department of Commerce and the availability of funds.

This information will be used by Commerce to determine annual recertification and continuation into the next year of the three-year NABA term.

Authorized representative name: _____

Title: _____

Signature: _____ Date: _____