

**PLEASE COMPLETE AND RETURN WITH FINANCIAL
REPORT AND INVOICES WITHIN
60 DAYS OF COMPLETION OF THE PROJECT**

**The Community Foundation for Crawford County
GRANTEE FINAL REPORT**

(Deadline: Grant Expiration date on your Grant Agreement Schedule A.)

Grantee/Organization: _____

Address: _____

City/State/Zip _____

Grant Number: _____ Grant Amount: _____

Grant Purpose: _____

Grant period: _____

Grant Report Date: _____

Person Preparing Report: _____

CEO Signature: _____

THE GRANT DOLLARS WERE SPENT AS FOLLOWS:

Project total: \$ _____

Date project started: _____

Date project completed: _____

**ATTACH COPIES OF RECEIPTS OR OTHER PROOF OF PURCHASE FOR
GRANT DOLLARS AWARDED. *Pictures of what you used the grant money on are
NOT required; however, they are ALWAYS welcome.***

(See Next Page)

ANY PROBLEMS OR UNEXPECTED ISSUES RELATED TO THE GRANT:

WHO WAS SERVED?

WHAT IMPACT DID YOUR PROJECT HAVE WITH THOSE SERVED?

WHAT WERE THE GRANT OUTCOMES?

DID THE OUTCOMES MEET YOUR EXPECTATIONS? WHY OR WHY NOT?

WOULD YOU DO ANYTHING DIFFERENT NEXT TIME?

HOW DID THE GRANT BENEFIT YOUR AGENCY?

WHAT SUGGESTIONS DO YOU HAVE FOR THE COMMUNITY FOUNDATION FOR CRAWFORD COUNTY RELATED TO THIS GRANT OR THE GRANT PROCESS?