

***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?