FINAL GRANT REPORT

Organization Name:
Project Title:
Grant #:

1. Provide a review of the project goals:

2. Please recap if and how the project met the goals (who and how many were served? How was the project evaluated? What was the impact on those served an on the community?)

3. Compare the expected outcome versus the actual outcomes of the project.

4. Please explain the plans for the future for the project:

5. Comparison of the project budget to actual revenue and expenses (please attach separate sheet).

6. How was the Community Foundation acknowledged for the grant award?

Send to: Kim Abney, vice president of Programs, Community Foundation Serving Howard, Carroll and Clinton Counties, 215 W. Sycamore St., Kokomo, IN 46901