



Final Grant Report

Please return this form to the Community Foundation of Grant County immediately following expenditure of the grant money or by the end of the year in which this grant was made.

Grantee: _____ **Grant Number:** _____

Address: _____

Grant Payment Amount: _____ **Date:** _____

Purpose: _____

Description of Grant Use:

(Have funds been spent? Has the purpose of the grant been accomplished? Who has been affected? Attach additional description if needed)

Is there anything you would do differently next time?

What did you learn from this experience that will help in future projects?

Include copies of any brochures, news articles or products produced by this grant. If the grant funds have not been spent and the grant purpose not completed, please explain why and provide a timetable for completion.

AUTHORIZED CONTACT PERSON MAKING THIS REPORT:

Name: _____ Signature _____

Title: _____ Date: _____ Phone: _____

Failure to use these funds for the purpose designated will result in obligation to repay grant money.