



## YOUTH GRANT - FINAL 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.

School: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Grant Payment Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

### Description of Grant Use:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 funds for the purpose designated will result in obligation to repay grant money.*