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Description automatically generated with low confidence

Supporting Organization

SIX (6) MONTH PERIODIC REPORT FORM DUE:

In order to gather evaluative information on the project funded by the Harrison County Community Foundation Supporting Organization, we respectfully request you prepare a Periodic Report by answering the following questions. Thank you for your compliance with this grant requirement.

**Grantee:**

**Amount Granted: Grant Number:**

**Grant Period:**

**Purpose of Grant:**

1. **List project accomplishments during the last six months.**
2. **How has this project made a difference in the community?**
3. **Define the geographical area served. A) How many people were served? B) What specific target populations were reached? i.e.: Senior Citizens, Students, Homeless, etc.**
4. **Did the grant award from HCCF leverage additional outside funding for the project? If so, please name sources and amounts.**
5. **Was it necessary to alter or make changes in the original plan as presented in the grant application? If so, please describe.**
6. **What positive or negative comments have you received about this grant?**
7. **Do you have any suggestions or concerns regarding HCCF’s grant application, selections or other processes that should be brought to our attention?**
8. **Is the project ongoing? If yes, what funding plans are being made to continue the project?**
9. **Are there any opportunities for an HCCF representative to visit or participate in the project or organization?**
10. **What portion of this information, if any, needs to be kept confidential?**
11. **Any other comments?**
12. **How was the grant award publicly acknowledged? Please enclose copies of pertinent news clippings, newsletter articles, etc. including any project-related materials used for publicity.**

# I hereby attest the above statements are true and the grant funds awarded were utilized for the purpose(s) as described above.

**Please include two different signatures from two organizational levels of the non-profit. *If electronic signatures are provided, contact HCCF for additional required steps.***

* **One signature must be from the Board Chair**
* **The other signature must be from the Executive Director, Senior Staff, or another Board Member**

The terms of this agreement are accepted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board Chair

Printed Name:

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

Signature Date

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

Email

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Printed Name: Title or Position

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

Signature Date

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

Email

Please return by the above due date to:

Anna Curts

Harrison County Community Foundation

PO Box 279

**Corydon, IN 47112**