Harrison County Community Foundation

6 MONTH PERIODIC REPORT FORM DUE

In order to gather evaluative information on the projects funded by the Community Foundation, we respectfully request that you prepare a Project Report by answering the questions on the following pages. Thank you for your compliance with this grant requirement.

**Grantee:**

**Amount Granted: Grant Number:**

**Grant Period:**

**Purpose of Grant:**

1. **List project accomplishments.**
2. **How has your project made a difference in the community?**
3. **Define the geographical area served. How many persons served? What specific target populations were reached?**
4. **Did the Community Foundation grant leverage additional outside funds for the project? If so please name sources and amounts.**
5. **Was it necessary to alter or make changes in your original plan as presented in your 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 the HCCF 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 your project or organization?**
10. **What portion of this information, if any, would you want the HCCF to keep confidential?**
11. **Any other comments?**
12. **Have you acknowledged or publicized this grant? Please enclose copies of pertinent news clippings, newsletter articles, etc. including any project-related materials that you used for publicity.**

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

**Please include two different signatures from two organizational levels of your non-profit agency.**

* **Board Chair must sign**
* **Executive Director, Senior Staff, or another Board Member**

The terms of this agreement are accepted by:

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

Printed Name:

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

Signature Date

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

Email

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

Printed Name: Title or Position

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

Signature Date

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

Email

Please return by the above due date to:

Anna Curts

Harrison County Community Foundation

P.O. Box 279

**Corydon, IN 47112**