Harrison County Community Foundation

DONOR ADVISED FUND GRANT FINAL REPORT FORM

DUE:

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

**Grantee:**

**Fund:**

**Grant Number: Amount Granted:**

**Grant Period:**

**Purpose of Grant:**

1. **Please list how these grant funds were used. Attach any receipts or invoices.**
2. **Define any demographic information on the use of these funds. What target population and how many people were served.**
3. **Do you have any suggestions or concerns regarding our delivery of services?**

**Enclose copies of pertinent receipts, 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.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return by the above due date to:

Michelle Dayvault

Harrison County Community Foundation

P.O. Box 279

**Corydon, IN 47112**