



**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?**

**HCCF utilizes expenditure responsibility on all grants, please enclose copies of all 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:  
Kimberly Spieth  
Harrison County Community Foundation  
P.O. Box 279  
Corydon, IN 47112**