



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 Carter
Harrison County Community Foundation
P.O. Box 279
Corydon, IN 47112**