

DESIGNATED PURPOSE 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 w	ere 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 your endowment fund or our delivery of services?	
	tilizes expenditure responsibility on all grants, please enclose copies of all receipts, lippings, newsletter articles, etc. including any project-related materials that you used blicity.	
	y attest that the above statements are true and that the grant funds awarded were for the purpose(s) as described above.	
Printed	Name:	
Title: _		
Signed		
Date: _		
Please return by the above due date to:		

Please return by the above due date to:
 Kimberly Carter
Harrison County Community Foundation
 P.O. Box 279
 Corydon, IN 47112