

3. Do you have any suggestions or concerns regarding your endowment fund or 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**