



# SPENCER COUNTY COMMUNITY FOUNDATION

A member of the *Community Foundation Alliance*

321 Main Street, Suite A

PO Box 3

Rockport, IN 47635

## Grantee Final Report

The Spencer County Community Foundation regularly evaluates its grants program and the impact of its funding on the community. In order to guide its grant-making process, the Community Foundation requires that you submit to us a final report at project completion or by the date shown above, whichever comes first. Please use the following form.

Name of Organization	Date of Report
Executive Director or Equivalent	Name of Individual Submitting the Report
Grant Number	Amount of Grant
<b>Project/Program Information</b>	
1. Briefly describe the funded project/program and the services provided during the grant period.	
2. Has the project differed in execution from the project presented in the proposal? If so, please explain.	

3. Describe those served by the project, specifically referring to geographic location, age, and other descriptors. How many individuals were served?

4. Were there any unanticipated side effects (either good or bad) resulting from the project? If so, please explain.

5. Provide an example (story) that illustrates what you consider to be the most significant impact on the lives of the individuals served as a result of the project. (If additional space is needed, please attach a separate sheet of paper.)

6. If it is desirable for the service to continue, what plans and provisions have been made for its continuation?

#### **Financial Reports and Additional Information**

1. Using the worksheet provided, submit an itemized list of actual expenditures and income/funding sources for your project. Please also indicate in the appropriate area the project budget as approved with the grant.

2. The Community Foundation retains the right to audit this grant. Please keep all receipts relating to your project and make them available for review by a representative of the Community Foundation for at least three months after submitting this report.

3. Please submit with this report any photographs or news articles you may have relating to your completed project. The Community Foundation often uses photographs for its publications, so please clearly describe the pictures and the names of those pictured.

Please return this form to:

**Spencer County Community Foundation  
321 Main Street, Suite A  
PO Box 3  
Rockport, IN 47635**



## Spencer County Community Foundation Project Budget Worksheet Final Report

Please be thorough when completing this form. Your budget should reflect **all** actual expenses and actual income/funding sources for the project as well as all proposed budget items approved with the grant.

If you have questions about completing this form, please contact the Spencer County Community Foundation at 812.649.5724 or the program director at the Community Foundation Alliance at 812.434.4923.

<b>PROJECT EXPENSES</b>	AS APPROVED WITH THE GRANT	ACTUAL	<b>INCOME/ FUNDING SOURCES</b>	AS APPROVED WITH THE GRANT	ACTUAL
<b>TOTAL</b>			<b>TOTAL</b>		

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_