

Community Impact Grant Final Report

DATE _____

FOCUS: AT RISK YOUTH

ORGANIZATION NAME: _____

ADDRESS: _____

PROGRAM NAME: _____

DATE OF GRANT AWARD: **6/1/2016** AMOUNT OF GRANT: _____

REPORT DUE DATE: **6/2/2017**

CONTACT INFORMATION: NAME: _____

 EMAIL: _____

 PHONE: _____

PROJECT

1. Briefly describe the activities carried out under the grant:

2. Briefly describe the impact this project has had on its intended target population and if appropriate, ages and numbers served: *(Note: as opposed to activities listed above, impact is measured in terms of behavior change, knowledge acquired, greater demonstrated efficiencies, etc. that occurred as a result of those events/actions.)*

3. Were there circumstances that caused you to vary from the plan you presented in the original proposal? If so Please explain:

4. If applicable, will this program be continued? Yes No NA

If so, how will it be funded going forward?

5. If you collaborated or partnered with another group/nonprofit/institution while carrying out this project, please describe the outcome and comment on any intended/unintended advantages:

FINANCIAL

1. Budgeted Cost: _____
2. Actual Cost: _____
3. Detail of expenditures:

4. Identify any variances from original budget:

PUBLIC RELATIONS

1. How was CCGF's support recognized (include examples):

2. Please provide or attach a human interest story and/or quote regarding the project:

3. Provide at least one **high resolution** photo or video that best depicts what this funding helped to accomplish (*authorization to use photo's must be in place*).

RATE US

Our goal is to further the ability of organizations like yours to meet the needs of our community. We are glad to have had the opportunity to partner with you on this project and hope your organization and your constituents have benefited. In an effort to improve our effectiveness, we would appreciate feedback on your experience with the Community Foundation related to the granting process, i.e. what we do well and what we could have done better in our efforts to work with you on funding this project.

I certify that the above information is true to the best of my knowledge and that I am authorized to sign on behalf of this organization:

Signature

Print Name

Title

Date