

TO: PARKE COUNTY COMMUNITY FOUNDATION, INC.

Final Report on Funded Project

Date _____

FROM: Grantee Name:

(Organization)

Address _____ Telephone _____

Person Completing this Form _____ Title _____

Project Title:

Amount of Grant:

Date Received:

I. PROJECT INFORMATION

A. Specifically, what did you ask the Foundation to fund?

B. What were the overall strengths and/or weakness and community benefits, if any, of the project?

C. Use this space and extra sheets, to report any additional information you believe reflects the benefits of this program. Also, please attach copies of any publications or other accounts of your efforts.

II. FINANCIAL RESOURCES

A. Describe financial resources necessary for the continuation of this program and your efforts related to the same. (if applicable)

B. Please summarize income and expenditures as they relate to the Foundation grant.

INCOME:

(Parke County Community Foundation Grant) \$ _____

PROGRAM EXPENSES (as they relate to the Foundation Grant):

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONNEL/CONSULTANTS, ETC.:

_____	\$ _____
_____	_____

TOTAL EXPENDITURES: (Should equal or exceed Foundation Grant) \$ _____

DIFFERENCE (if any) \$ _____

Please return to: Parke County Community Foundation
P.O. Box 276
115 N. Market Street
Rockville, IN 47872
(765) 569-7223; fax (765) 569-5383 or email: parkeccf@yahoo.com