



WIN GRANT FINAL REPORT

Must be submitted later than 60 days from Grant Expenditure*

INITIATIVE TITLE _____

NAME OF ORGANIZATION _____

ADDRESS _____ CITY _____ ZIP _____

PROGRAM SITE (if offsite) _____

TOTAL COST OF THE INITIATIVE \$ _____

SRCCF GRANT AWARD \$ _____ GRANT DOLLARS SPENT \$ _____

ADDITIONAL GRANTS OR OTHER FUNDING \$ _____

SOURCE OF OTHER FUNDING \$ _____

IN-KIND CONTRIBUTIONS \$ _____

ADDITIONAL INFORMATION:

What geographic area in Starved Rock Country was served? _____

Estimated # of individuals served with the funding? _____

Estimated # of staff participating in the initiative? _____

Estimated # of volunteers participating in the initiative? _____

Estimated % of special population(s) served, if applicable _____

Please specify special population(s), if applicable _____

NARRATIVE – Please describe the initiative's path to completion; what occurred, specifically noting any deviations from the original grant funding plan. What were the program's goals/objectives and how well were they met? Give a general description of the demographics of who received the benefit of the grant funding. Were there any problems with the initiative, and, if so, what was done to overcome them? What additional programming does your organization plan as a result of this project?

- **If the funds have not been utilized within 60 days, please submit this report with an explanation of why the grant dollars have not been spent, and when you anticipate the completion of the initiative.**
- **If the entire amount of the grant funding is not spent, the remaining funding must be returned to the SRCCF upon completion of the initiative.**

ORGANIZATION DIRECTOR _____ Date _____

Please complete this form and email/mail to the SRCCF office with the narrative and any attachments such as photos, press releases, etc.

We are proud to have partnered with you in your initiative. Please do not hesitate to contact us to discuss any questions or concerns you may have.

STARVED ROCK COUNTRY COMMUNITY FOUNDATION

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