



## Community Foundation of Northwest Mississippi FINAL Grant Report

### General Information

Date of Report \_\_\_\_\_

Organization Name \_\_\_\_\_

Contact Name (first, middle and last) \_\_\_\_\_

Salutation            Mr.            Mrs.            Dr.            Ms.            Other

Title within organization: \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Grant Progress

Grant period covered by the report \_\_\_\_\_

Grant amount \_\_\_\_\_

**Title or short description of project:**

**Primary goal(s) of the project as stated in your grant application to us last year:**

**What were the problems and issues addressed?**

**What were the opportunities addressed?**

**What were the principal actions and activities?**

**What were the project results?**

**Number served/reached; race and age-range FOR TOTAL GRANT PERIOD**

0 – 5 years	White	_____	6 – 12 years	White	_____
	Black	_____		Black	_____
	Am. Indian	_____		Am. Indian	_____
	Asian	_____		Asian	_____
	Hispanic	_____		Hispanic	_____
13 -20 years	White	_____	21 / over	White	_____
	Black	_____		Black	_____
	Am. Indian	_____		Am. Indian	_____
	Asian	_____		Asian	_____
	Hispanic	_____		Hispanic	_____

**REQUIREMENT:**

**PLEASE TELL US ONE STORY OF THE DIFFERENCE YOUR PROGRAM HAS MADE IN THE LIFE OF AN INDIVIDUAL....PROVIDE (NO NAMES):**

- Age (pre-school, child, teen, young adult, adult, older adult)
- Race
- Other information like hair color
- Circumstances in life: (from single parent home, low self-esteem, failing grades, etc.
- How, through what your organization has done, has this individual's life been transformed, changed, and/or made better.

**Were any lessons learned? What would you have done differently?**

**Budget**

**Please account for all grant funds according to the approved budget.**

**REVENUE:** Include all revenue for THIS PROJECT during the grant period.

	<b>Committed</b>	<b>Pending</b>
Grants/contracts/contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
Membership Income	\$ _____	\$ _____
In-kind support	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>TOTAL REVENUE</b>	\$ _____	\$ _____

**\*Please explain any changes that were made during the grant period that were not reflected on the original application.**

**EXPENSES:** Please include ALL expenses related to THIS PROJECT for the grant period.

	Amount requested from Community Foundation	Total project expense
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultant/profession fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing/Copying	\$ _____	\$ _____
Telephone/Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____

**\*Please explain any changes that were made during the grant period that were not reflected on the original application.**

**Please return any unexpended funds with this report and an explanation of why you are returning them.**

Project Director Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please use extra pages if needed, or cut and paste into a new document, answering all questions as stated.**

**\*\*Please return this report 30 days after the end of your grant to the CFNM at 315 Loshier St., Suite 100, Hernando, MS 38632 or by email to [grants@cfnm.org](mailto:grants@cfnm.org).**