



COMMUNITY
FOUNDATION
of Northwest Mississippi

Community Foundation of Northwest Mississippi FINAL Grant Report

General Information:

Date of Report: _____

Organization Name: _____

Contact Name (first, middle, last): _____

Salutation: Mr. Mrs. Dr. Other

Title within Organization: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

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 and 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 there any lessons learned? What would you have done differently?

GRANT BUDGET FORM

(Please account for all grant funds according to the approved budget)

REVENUE: include all revenue for THIS PROJECT during the grant period

	Committed	Pending
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)	\$ _____	\$ _____
 TOTAL REVENUE	\$ _____	\$ _____

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

EXPENSES: 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)	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

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

- › Please return any unexpected funds with this report and an explanation of why you are returning them.

Project Director Signature

Date

- › **Please use extra pages if needed. Answer all questions.**
- › **Please return this report 30 days after the end of your grant to grants@cfnm.org or mail to the Community Foundation:**

**Community Foundation of Northwest Mississippi
315 Loshier Street, Suite 100
Hernando, MS 38632**