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**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.

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

#### Amount requested from Total project

#### Community Foundation 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 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 Losher St., Suite 100, Hernando, MS  38632 or by email to** [**grants@cfnm.org**](mailto:grants@cfnm.org)**.**