**Grant Report Form**

Your report is due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Organization Name: |  |
| Contact Person/Title: |  |
| Address: |  |
| Phone: |  |
| E-Mail: |  |
| Grant Amount: |  |
| Project Title: |  |

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| Describe the specific objectives and activities outlined in your proposal and the actual results to date. |
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| How would you describe the project’s **measurable impact** on the people you serve? |
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| Did you have to make adjustments to your project? If so, please tell us about it. What specifically led to the change? How did you adapt your project as a result? |
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| What has been the project’s measurable impact on your organization? For example, has the grant helped to attract new funding, increased collaboration with other organizations, or increased volunteer involvement? How has your organization changed as a result of this project? |
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| If you feel your project has been successful, what factors contributed to the success? If the project was less successful than you hoped, what do you think contributed to that? |
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| How will your organization use what you have learned from this project to guide your planning and activities in the future? |
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We understand that the impact of a project is not always easy to communicate via measurable results. If this is true of your project, please share with us a story that illustrates the effect this project has had on your community. Please attach up to one additional page if sharing a story. We also welcome photo or video submissions; please attach or send them electronically to info@abouthccf.org and indicate if they cannot be shared publicly.

**\* Please attach a full financial accounting of the expenditures of grant funds, including all applicable receipts and invoices. Spreadsheets and/or income/expenditure reports alone are not sufficient documentation.**

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| Printed Name/Title of Person Completing Form:  |  |
| Signature of Person Completing Form: |  |
| Date: |  |

*HCCF Staff Verification:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_