**HCCF Logo 10-05.epsGrant 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 young 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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| Indicate the number of youth involved in planning, implementing, and/or evaluating this project, and the number of hours that youth provided. Briefly describe their contribution to the 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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| Who was served by this project? (Number of young people, age range, geographic location, etc.) |
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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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_