

**COMMUNITY FOUNDATION OF MOUNT VERNON & KNOX COUNTY
GRANT FOLLOW-UP REPORT**

INSTRUCTIONS

1. Complete this report within six(6) months of the date you received grant funds or as soon as the funds are used, whichever is sooner. If the project is not completed within the first six months of receiving funds, continue submitting reports every six months thereafter until completion.
2. Attach any supporting documentation such as photographs, invoices, receipts, newspaper coverage, evaluation reports, or financial reports of the project.
3. Print out and mail, or hand-deliver, a copy of your completed report and any attachments to the address below.
4. If additional information is needed, it will be requested by means of separate correspondence from the Program Manager. You may also be contacted for a follow-up site visit to review the project (whether finished or in-progress).

The completion of this report is required for future eligibility of Foundation grants.

**RETURN REPORT AND ATTACHMENTS TO: LISA BEHR, PROGRAM MANAGER
PO BOX 309 • ONE SOUTH MAIN STREET, 3rd FLOOR • MOUNT VERNON, OH 43050
PHONE: 740-326-4297 • E-MAIL: LBEHR@MVKCFFOUNDATION.ORG**

PROJECT DESCRIPTION

Organization:	
Contact Person:	Title:
Phone:	E-Mail:
Project Title:	
Grant Date:	Grant Amount:
Briefly Describe the Purpose of the Grant:	

DESCRIPTION OF GRANT USE

Describe how grant funds received were used.
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What do you feel are the lasting benefits of the project? How did the project impact or fill a need of this community? Has the purpose of the grant been fulfilled?

Were the original activities conducted as planned? If not, what changed and why?

Are any grant funds unspent? If yes, please inform us of the amount and how and when the funds will be expended or returned to the Foundation.

Itemize your expenses for the project (i.e. equipment, supplies, professional services, etc.) and sources of funding for the project. Invoices must be available upon request

Project Expenses	Amount
	\$
	\$
	\$
	\$
	\$
TOTAL	\$
Project Funding Sources	Amount
Community Foundation of Mount Vernon & Knox County	\$
Contributions and Other Grants	\$
Organization Funds	\$
Other (Specify)	\$
TOTAL	\$

By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge and that funds were not used for any purpose other than the purpose stated in the application for the grant.

Signature

Date