



Grant Progress/Summary Report

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All projects receiving money from the Community Foundation must complete this form and return it **on or before June 30th**.

Program / Project Name: _____

Amount of Grant: _____

Project Director: _____

Name of Agency/Organization: _____

Accomplishments: (Based on project goals and objectives) _____

Population Served: (Projected numbers vs. actual numbers)

Timeline: (include revisions) _____

Difficulties Encountered: (impact on the project) _____

Application Materials should be directed to:

COMMUNITY FOUNDATION OF CENTRAL WISCONSIN
1501 CLARK STREET, STEVENS POINT, WI 54481
PHONE: 715.342.4454 EMAIL: foundation@cfcwi.org FAX: 715.342.5560



Revised 05/12



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Budget Information

Community Foundation of Central Wisconsin Funds Awarded \$ _____
Community Foundation of Central Wisconsin Funds Utilized \$ _____
Balance \$ _____

If you have a positive balance, this amount must be returned to the Community Foundation.
If you have a negative balance, how was the difference funded? _____

Please attach a detailed budget sheet indicating how the funds were utilized:
(equipment lists, supplies, other expenses, etc.) _____

Promotion: Explain how the Community Foundation of Central Wisconsin was promoted as a funding source for this project. *(Please attach documents)*

Please include a picture of your project that can be used to promote the allocation of Community Foundation funds. You may also send newspaper clippings, brochures, posters, etc.

Comments or Other Information: _____

This report was completed by: _____ Date: _____

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