



# 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 30<sup>th</sup>**.

**Program / Project Name:** \_\_\_\_\_

**Amount of Grant:** \_\_\_\_\_

**Project Director:** \_\_\_\_\_

**Name of Agency/Organization:** \_\_\_\_\_

**Accomplishments:** (Based on project goals and objectives) \_\_\_\_\_

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**Population Served:** (Projected numbers vs. actual numbers)

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**Timeline:** (include revisions) \_\_\_\_\_

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**Difficulties Encountered:** (impact on the project) \_\_\_\_\_

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*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](mailto:foundation@cfcwi.org)



Revised 06/16



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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? \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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This report was completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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