

# LAGRANGE COUNTY COMMUNITY FOUNDATION

109 E. Central Ave., Suite 3, LaGrange, IN 46761 Phone 260-463-4363 Fax 260-463-4856

## FINAL GRANT REPORT

To be Submitted to the Community Foundation by the Grantee



This form must be used for all competitive, proactive, designated, or donor-advised grants from the LaGrange County Community Foundation - including the LIFE Youth Philanthropy Pod. If the funding is for a special project, short term in nature, this report must be submitted within 30 days of the conclusion of the project. If the funding is for an on-going program, this report must be submitted on or before the one-year anniversary of the grant award.

Final grant reports must be submitted and on file before additional grants may be considered.

Grant Number \_\_\_\_\_ Date \_\_\_\_\_

Grantee Organization \_\_\_\_\_

Program \_\_\_\_\_

Please attach the following in this numbered order to this cover sheet:

1. A brief description of the program funded through this grant.
2. A brief description of those served by the program – specifically identifying location and numbers of clients served. Include any known and relevant descriptors such as age, gender and income.
3. Describe how your organization defined success for this program and why you were successful or unsuccessful in the program's outcomes.
4. Describe your greatest organizational strength in this effort.
5. Describe your greatest opportunity for organizational improvement as it applies to this program.
6. If the program is to be continued, tell us how your organization plans to fund it for the future.
7. Please share with us your favorite memory from this work.
8. Please attach any newsletters, news releases or photos that recognize the financial support of the LaGrange County Community Foundation or additionally describe the processes and outcomes of your program.

Person Submitting Report \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_