

THE KEOKUK AREA COMMUNITY FOUNDATION

1610 MORGAN STREET
KEOKUK, IOWA 52632
(319)524-5351

FOR OFFICE USE ONLY

Grant Number:
Grant Amount:
Report Due:
Received:

Grant Follow-up Report

NOTE: Per the terms of the agreement, late or incomplete reports will prohibit consideration of further grants.

Organization:

Address:

Contact Person:

Phone:

• Funds were granted for: _____ General Support _____ Project Support

• Describe how the grant funds were used.

• **Explain the impact of these funds.** Problem solved, need that was met, challenges encountered with the project/program and how they were met, etc. (**Attach one additional sheet of paper, if necessary.**)

Number of people directly served _____

Ages/gender served _____

Other information _____

• **A financial accounting for the grant funds may be requested with this report.**

• **Include copies of any publicity that your organization produced or received about the grant and the program/project.** Example: newsletter, donor list, newspaper clipping, etc.

• **The Community Foundation would appreciate a photo, if possible.**

This might show people impacted by the program, the finished project, etc. If people are included, make sure their written permission has been obtained and is included for possible use in our displays, newsletter, annual report, etc.

We regret that we will not be able to return the publicity information or photos.