

# Newton County Community Foundation

P.O. Box 295  
Rensselaer, IN 47978  
(219) 866-5899

## FINAL REPORT FORM

DATE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

EIN# OR FEDERAL TAX ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DIRECTOR \_\_\_\_\_

NAME OF PERSON FILLING OUT THIS FORM \_\_\_\_\_

DIGITAL PHOTOS ON CD INCLUDED WITH REPORT: \_\_\_\_\_

### I. PROJECT INFORMATION

A. Specifically, what did you ask the Foundation to fund?

B. Please describe how you accomplished your program objectives?

C. What were the overall strengths and/or weaknesses of the project?

D. Describe the audience served specifically referring to geographic location and age range.

E. How did this project benefit the community at large?

II. FINANCIAL RESOURCES

A. Did you successfully raise the necessary funds to fully implement the project? Please list the amounts and sources.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. What financial resources will be available for the continuation of this program?

C. Budget: Please itemize expenditures as they relate to the Foundation grant.

INCOME:

Newton County Community Foundation \$ \_\_\_\_\_

EXPENSES:  
(as they relate to the Foundation Grant)

PROGRAM EXPENSES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONNEL/CONSULTANTS, ETC.:

_____	_____
_____	_____

TOTAL EXPENDITURES:  
(should equal Foundation Grant)

\_\_\_\_\_