



## Community Foundation of Northwest Mississippi FINAL Grant Report

### **General Information**

Date of Report \_\_\_\_\_

Organization Name \_\_\_\_\_

Contact Name (first, middle and last) \_\_\_\_\_

Salutation            Mr.            Mrs.            Dr.            Other

Title within organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### **Grant Progress**

Grant period covered by the report \_\_\_\_\_

Grant amount \_\_\_\_\_

Title or short description of project:

Primary goal(s) of the project as stated in your grant application to us last year:

What were the problems and issues addressed?

What were the opportunities addressed?

What were the principal actions and activities?

What were the project results?

Were any lessons learned? What would you have done differently?

**Budget**

Please account for all grant funds according to the approved budget.

Please show budgeted versus actual revenue and expenses for the funded project, providing detail of each budget line item.

Please return any unexpended funds with this report.

Project Director Signature\_\_\_\_\_

Date\_\_\_\_\_

**Please use extra pages if needed, or cut and paste into a new document, answering all questions as stated.**

**\*\*Please return this report 30 days after the end of your grant period to the CFNM at 315 Loshier St., Suite 100, Hernando, MS 38632 or by email to [plinton@cfnm.org](mailto:plinton@cfnm.org).**

