



Community Foundation of Northwest Mississippi Grant Progress 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.

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 by six months into your grant period to the CFNM at 315 Loshier St., Suite 100, Hernando, MS 38632 or by email to plinton@cfnm.org**