

GRANT REPORT FORM

GRANT INFORMATION

|  |  |
| --- | --- |
| **Report Date***(due within 14 months of award date)*  |  |
| **Organization Name** |  |
| **Proposal Title** |  |
| **Proposal Summary Statement** |  |

***NOTE:*** *If your organization has more than $500 remaining at the end of the grant period or needs to request a variance (a change in the purpose or length of grant), please contact us by email at* *grants@gcrcf.org**.to discuss before completing the final report form.*

GRANT BUDGET

|  |  |
| --- | --- |
| **Amount Requested** |  |
| **Amount Awarded** |  |
| **Projected Project Budget** |  |
| **Actual Project Budget** |  |

SHARE THE STORY

Please describe the results of this grant and its impact for your organization and the community served.

