

**SCOTT COUNTY COMMUNITY FOUNDATION, INC.**

**FINAL GRANT REPORT FORM**

Grant #: \_\_\_\_\_ Grant Amount \$ \_\_\_\_\_

Name of Project: \_\_\_\_\_ Report Due Date: \_\_\_\_\_

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

Street Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Report Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please attach a one page typed narrative which addresses the following questions:**

1. Summarize the purpose for which this grant was awarded.
2. What effect has this grant had on the community?
3. What effect has this had on the recipients of the service provided?
4. What effect has this grant had on your organization?
5. Include a detailed budget with account of grant money, receipts/copies of invoices and any matches your organization received.

Please submit any of the following materials which may be available with this report:

1. Samples of publicity, programs, press coverage or other documentation.
2. Copies of slides, audiotapes or videocassettes documenting the project.
3. One or two 5 x 7 photographs of grant-related activities. Identify people and/or activities that are pictured, the date and photographer credit.

Return completed Final Grant Report Form by required deadline date to:

**Scott County Community Foundation  
Attn: Jaime Toppe  
P.O. Box 25  
Scottsburg, IN 47170**