

Grant Interim Report Form

Ninety days after receipt of your SPCCF grant, we ask your cooperation in answering the questions on both sides of this form. Please be as specific as possible. It is our hope that this evaluation will not take more than half an hour of your time.

Organization Name			
Contact Person / Title			
Address			
Phone / E-mail			
Amount of Grant	Date Received	Grant #	
Purpose of Grant:			

If your grant was for program support, what have been the project's measurable results to-date and its impact on your organization's work? Has this grant: (1) stimulated new private funding; (2) increased collaboration with other organizations; (3) increased volunteer involvement; (4) other results?

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If your grant was for program support, what has been the measurable impact on the population you serve?

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Please share with us a story that illustrates the effect that the project supported by this grant has had on your community.

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<i>Signature / Title of Person Completing This Form</i>	
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<i>Date Form Completed</i>	
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Please attach a copy of your original project budget (if applicable) and identify both income and expenditures to date.

**return to:
South Pacific County Community Foundation
P.O. Box 75, Nahcotta WA 98637**