

FOR OFFICE USE ONLY

____ Approved ____ Denied
____ Conditional upon:

FIMS Conditions: _____

FOR OFFICE USE ONLY

Grant Number:
Grant Amount: \$

Report Due*
Received:

Community Foundation

of the Quincy Area

P.O. Box 741

Quincy, IL 62306-0741

Grant & Budget Report

***Grant funds must be expended within one year of check date. An organization cannot apply again until the funds are expended and the final Grant & Budget Report has been received and approved by the Community Foundation. Incomplete reports will prohibit consideration of further grants.**

Organization:

Email:

Address:

Contact Person:

Phone:

• **Funds were granted for:** ____ **General Support** ____ **Project Support**

• **Grant Purpose:**

• **Describe how the grant funds were used.**

• **Attach one additional sheet of paper explaining the impact of these funds. Be Specific. Give Examples. Address the following:**

1. Need or opportunity that was met or problem solved
2. Outcomes – this includes increased knowledge or changed behavior
3. Challenges encountered with the project/program and how they were met, etc.
4. Additional information or comments:

Number of people directly served: _____

(This is not the entire number of people your organization serves, unless this grant directly served everyone.)

Ages/gender served: _____

- **Include copies of any publicity that your organization produced or received about the grant and the program/project.** Example: newsletter, donor list, newspaper clipping, etc.
- **The Community Foundation would appreciate a photo, if possible.** This might show people impacted by the program, the finished project, etc. If people are included, make sure their written permission has been obtained and is included for possible use in our displays, newsletter, annual report, etc.
We regret that we will not be able to return the publicity information or photos.

Complete both sides of report and attach your impact information sheet.

Grant Budget Report for: _____

Name of Organization

Check One: **Project/Program**
 General (Operating)

1. Complete this form providing a detailed financial accounting for the grant funds.

- Where necessary, provide a brief description or justification of line items.
- Only include costs directly attributed to your grant.
- Add or delete items to reflect your grant.

2. Attach copies of invoices if grant was for purchase of items (i.e. computers, software, furniture, equipment, etc.)

EXPENSES	Amount	INCOME	Amount Provided by Others
Salaries & wages		Community Foundation	
		Other Funders:	
		• <i>Foundations</i>	
		• <i>Government</i>	
Benefits & payroll taxes			
Consultants & professional fees		• <i>United Way</i>	
Travel		• <i>Corporations</i>	
Equipment			
Supplies		• <i>Individual Contributions</i>	
Training			
Printing & copying		Membership income	
Telephone & fax		Fundraising events	
Postage			
Rent & utilities			
In-kind expense		In-kind support	
Other: Specify		Other: Specify	
TOTAL EXPENSES		TOTAL INCOME	

NOTE: Per the terms of the agreement, late or incomplete reports will prohibit consideration of further grants.

Complete both sides of report and attach your impact information sheet.