

**CONSOLIDATED COMMUNICATIONS COMMUNITY FUND  
OF THE MANKATO AREA FOUNDATION  
FINAL REPORT FORM**

This form must be completed and returned by March 1<sup>st</sup>.  
YOUR ORGANIZATION CANNOT BE CONSIDERED FOR ADDITIONAL FUNDING UNTIL YOUR FINAL REPORT HAS BEEN RECEIVED WITH THE REQUIRED INFORMATION.

Please send the completed report electronically to: [sarah@mankatoareafoundation.com](mailto:sarah@mankatoareafoundation.com)  
or mail to:

Mankato Area Foundation  
Attention: Sarah  
127 South 2<sup>nd</sup> Street, Suite 100  
Mankato, MN 56001.

**GRANT RECIPIENT**

**Legal Name of Organization** \_\_\_\_\_

**Project Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Address of Organization** \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**SUMMARIZE THE PROJECT FUNDED AND THE IMPACT OF THE PROJECT IN THE COMMUNITY.**  
FOR EXAMPLE, THE NUMBER OF PEOPLE SERVED OR EVENTS HELD.

**LIST ANY DIFFICULTIES OR CHALLENGES WITH THE PROJECT.** FOR EXAMPLE – LOWER THAN  
EXPECTED PARTICIPATION, UNANTICIPATED COSTS, OR WEATHER-RELATED CANCELLATIONS.

**LIST PROJECT BUDGET AND EXPENSES.**

**DESCRIBE AND/OR PROVIDE SAMPLES OF ACKNOWLEDGEMENT OF THE CONSOLIDATED COMMUNICATIONS COMMUNITY FUND.** PROVIDE SAMPLES IF APPLICABLE – BROCHURES, PRESS RELEASES, ETC. ELECTRONIC PHOTOS ARE PREFERRED. THESE MAY BE UPLOADED AT THE END OF THIS FORM.

**CERTIFICATION SIGNATURES**

\_\_\_\_\_  
PROJECT DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FISCAL SPONSOR (IF APPLICABLE)

\_\_\_\_\_  
DATE