MANKATO AREA FOUNDATION

FINAL REPORT FORM

This form must be completed and returned within 30 days of completion of the project or the completion listed on the application (whichever comes first). YOUR ORGANIZATION CANNOT BE CONSIDERED FOR ADDITIONAL FUNDING UNTIL MAF HAS RECEIVED THIS FORM WITH THE REQUIRED INFORMATION.

Please send the completed report electronically to: sarah@mankatoareafoundation.com

MONTH/YEAR OF GRANT AWARD _____ **TODAY'S DATE** _____

GRANT RECIPIENT
Legal Name of Organization _____
Project Name _____
Address of Organization
Street _____
City _____ State _____ Zip Code _____
Contact Person _____ Title _____
Phone _____ Fax _____
Email _____

DESCRIBE AND/OR PROVIDE SAMPLES OF ACKNOWLEDGEMENT OF THE MAF. PROVIDE SAMPLES IF APPLICABLE – BROCHURES, PRESS RELEASES, ETC. ELECTRONIC PHOTOS ARE PREFERRED.

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 0R CHALLENGES WITH THE PROJECT. FOR EXAMPLE – ISSUES WITH GETTING PEOPLE TO PARTICIPATE, UNEXPECTED COSTS OR WEATHER RELATED CANCELLATIONS.

LIST PROJECT BUDGET AND EXPENSES.

CERTIFICATION SIGNATURES

PROJECT DIRECTOR SIGNATURE	DATE
FISCAL SPONSOR (IF APPLICABLE)	DATE