Allegany County Area Foundation, Inc.

Follow-up Grant Report Form Required of Successful Applicants

*A follow-up report is due when the project is complete. If this project continues for more than 2 months, please send an interim report covering the first 12 months.*

***Information:***

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| --- |
| Organization Name as shown on the 501 (c)(3) letter or Federal ID number. |
| Address:CityStateZip Code |
| Contact Person: Name and Title |
| Phone:Email: |
|  |

***Project Information:***

|  |
| --- |
| Grant Name or Title |
| Brief Project Description |
| Geographic Area Served |
| Client Group Served |
| Total Project CostTotal Grant Received |

1. What is the current status of the project?
2. What were the intended outcomes? What were the results? Any large variances should be explained.
3. How has this grant built capacity in your organization?
4. What were the challenges, if any? If so, how were they resolved?
5. Brief Fiscal status:
	1. Budget
	2. Actual
	3. Variance
6. What are the “prospects” of the organization in terms of interests or exploration of new opportunities?

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 Signature Position in Organization

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 Date