

**Community Impact Grant**

**Final Report**

Date :Click or tap here to enter text. Focus: At Risk Youth

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Program Name: Click or tap here to enter text.

Date of Grant Award: **6/1/2021** Amount of Grant: Click or tap here to enter text.

Report Due Date: **6/1/2022**

Contact Information: Name: Click or tap here to enter text.

 EMail: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**Project**

1. Briefly describe the activities carried out under the grant: Click or tap here to enter text.
2. Briefly describe the impact this project has had on its intended target population and if appropriate, ages and numbers served: ***(Note: in addition to activities listed above, impact is measured in terms of behavior change, knowledge acquired, greater demonstrated efficiencies, etc. that occurred as a result of those events/actions.)*** Click or tap here to enter text.
3. Were there circumstances that caused you to vary from the plan you presented in the original proposal? Click or tap here to enter text. If so Please explain: Click or tap here to enter text.
4. If applicable, will this program be continued? [ ]  Yes [ ]  No [ ] NA

If so, how will it be funded going forward? Click or tap here to enter text.

1. If you collaborated or partnered with another group/nonprofit/institution while carrying out this project, please describe the outcome and comment on any intended/unintended advantages: Click or tap here to enter text.

**Financial**

1. Budgeted Cost: Click or tap here to enter text.
2. Actual Cost: Click or tap here to enter text.
3. Detail of expenditures: Click or tap here to enter text.
4. Identify any variances from original budget: Click or tap here to enter text.

**Public Relations**

1. How was CCGF’s support recognized (include examples): Click or tap here to enter text.
2. Please provide or attach a human-interest story and/or quote regarding the project: Click or tap here to enter text.
3. Provide at least one **high resolution** photo or video that best depicts what this funding helped to accomplish *(authorization to use photos must be in place).*

**Rate Us**

Our goal is to further the ability of organizations like yours to meet the needs of our community. We are glad to have had the opportunity to partner with you on this project and hope your organization and your constituents have benefited. In an effort to improve our effectiveness, we would appreciate feedback on any difficulties you have had with forms or the process. Let us know what we could have done better. Click or tap here to enter text.

I certify that the above information is true to the best of my knowledge ad that I am authorized to sign on behalf of this organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: Click or tap here to enter text.

Signature

Title: Click or tap here to enter text. Date: Click or tap here to enter text.