



Grant Performance Form

Due by October 31, 2019

Date _____

Legal Name of Agency/Organization _____

Executive Director's Name _____

Name of Individual completing Form and Title _____

Telephone _____ Email Address _____

Title of Project/ Event _____

Describe the Project/ Event and include any media releases/ photos (if available).

What was the impact of the Health and Welfare Council grant on your program?

How many participants were involved? (Staff, Clients, and/or Community)

What were your collaborative efforts on the project/event?

List any additional funds received / needed to complete the project. (Include In-kind)

How did you promote/ acknowledge the grant donation from the Health and Welfare Council?

Please share one or more anecdotes and/ or comments about your project.

Attach a description of your Expense Report for the Project and the expenses utilizing this Grant.

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1/5/2019 (drms)