

GRANT ACTIVITY REPORT FORM

PLEASE COMPLETE AND RETURN BY **AUGUST 31** to:
WESTERN LANE COMMUNITY FOUNDATION
P O BOX 1589 FLORENCE OR 97439
email to wlcw@wlcwonline.org

NAME OF ORGANIZATION:

CONTACT PERSON:

MAILING ADDRESS:

TELEPHONE:

Name of project/program for which funds were granted:

Amount of grant received from WLCF _

SPECIAL CIRCUMSTANCES

(please submit as soon as you know there is an issue)

We are requesting an extension in the completion of our grant for the following reason:

We are requesting to amend our funded project budget for the following reason: (please be specific)

The project/program has been canceled or will not be completed. A check in the amount of \$_____ is attached.

GRANT RESULTS

To what extent have the goals of the project/program set forth in your application been achieved?

If this is a continuing project/program, has funding been secured for the future?

How did your organization acknowledge/publicize WLCF's grant award?

