

# GRANT ACTIVITY REPORT FORM

PLEASE COMPLETE AND RETURN BY **SEPTEMBER 30th** to:  
WESTERN LANE COMMUNITY FOUNDATION  
P O BOX 1589 FLORENCE OR 97439  
email to [wlcfc@wlcfoonline.org](mailto:wlcfc@wlcfoonline.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?

## **SHARE YOUR STORY**

Your stories are used to enhance and personalize the data derived from all grant recipients' final reports. These stories are used to demonstrate the value of local grants to prospective funders. Possible stories include:

- Tell us about a particularly successful aspect of your project that you think other organizations should know about:
- Tell us about a specific participant who really benefited from your project:
- Caption and include a photo that shows your project in action. (Inclusion of photo grants WLCF permission to use photo in print and posted materials. Photo credit will be included where possible)