



Compliance Report

Organization: _____

Program/Project: _____

Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Amount of grant: _____ **Funding Date:** _____ **Check Number:** _____

Type of award: Grant ____ (Complete section 1 below) or Scholarship: ____ (Complete section 2 on next page)

Executive Director: _____ **Contact for this grant:** _____

Form Completed by: _____ **Phone Number:** _____

SECTION 1: Briefly answer the following questions regarding this grant award:

1. Grant amount used to date: _____ Estimated date funds will be expended (if not fully spent): _____
2. Who were/are the beneficiaries of this project? Please include the number of clients served.
3. Did the grant accomplish the intended purpose? How?
4. If applicable, were other sources of funds successfully identified for future funding of the program?
5. Outline the project budget specifically indicating how grant funds were spent in accordance with the grant conditions.
6. Outline the publicity received for this grant.
7. We would appreciate a picture highlighting how the grant funds were utilized. If the picture(s) should include individuals who receive benefit from the grant, please include names and a brief description of the picture. We reserve the right to use these in our Foundation publications.

Note: Failure to complete and return this form could affect future grant awards.

Please return this report by October 1
Attn: Leslie Petersen, Office Manager,
Wichita Falls Area Community Foundation,
2405 Kell, Suite 100 Wichita Falls, Texas 76308
Phone: (940) 766-0829 – Fax: (940) 766-2861
lpetersen@wfacf.org

SECTION 2 Scholarships: Briefly answer the following questions regarding this scholarship award:

1. Grant amount used to date: _____ Estimated date funds will be expended (if not fully spent): _____
2. Who were/are the beneficiaries of this scholarship?
3. How were funds distributed for use (tuition, books, housing, etc.)
4. Did student(s) complete the required 12 registered hours for applicable semester(s)?

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