

## Wichita Falls Area Community Foundation Grant Report

NOTE: This is a "fillable" PDF form. Please save, complete, and mail to address below. Type of Report: Date of report: Status Report Final Report Organization: Address: Phone: **Executive Director:** Email: Contact for this grant: Email: Name of Project/Purpose of funds: Amount of Grant: Date Grant was received: Please briefly answer the following questions: 1. Is the project complete? Please provide an overall evaluation of results of the project/purpose these funds were used for, indicating how grant funds were spent. If the project is not complete, please provide an estimated date of project completion, and amount of grant 2. funds used to date. Please include an estimated date that grant funds will be completely expended (if not fully spent at this time).

Did the grant accomplish the intended purpose? How?

3.

	WFACF Grant Report continued	
	Organization:	Date:
4.	Who were/are the beneficiaries of this project? Please include the number a	nd/or area of clients served.
5.	How did this grant contribute to the fulfillment of your mission?	
6.	If this is an ongoing project/purpose for your organization have other source identified for future funding of the program?	es of funds been successfully
7.	Outline any publicity received for this grant.	
8.	Additional Comments:	

Please return this report to: Wichita Falls Area Community Foundation 2405 Kell Blvd, Ste 100
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