

## **Compliance Report**

Organization:				
Pr	ogram/Project:			
Address: City: City: Funding Date:		City:	ST:	
		Funding Date:	Check Number: _	
Ту	=	_ (Complete section 1 below) or Scho		
Executive Director:		Contac	Contact for this grant:	
Fo		Phone 2		
	Grant amount used to date	the following questions regarding this gra e: Estimated date funds will ciaries of this project? Please include the re	be expended (if not fully spent): _	
3.	Did the grant accomplish the intended purpose? How?			
4.	If applicable, were other s	sources of funds successfully identified for	r future funding of the program?	
5.	Outline the project budget specifically indicating how grant funds were spent in accordance with the grant conditions.			grant conditions.
6.	Outline the publicity rece	ived for this grant.		
7.		cture highlighting how the grant funds we the grant, please include names and a brie ublications.		

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

Please return this report to:
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

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Please return this report by October 1
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