



**COMMUNITY
FOUNDATION**
of NORTHERN ROSEBUD COUNTY

— Building the future...right here. —

**COMMUNITY FOUNDATION OF NORTHERN ROSEBUD COUNTY
GRANT REPORT FORM**

CFNRC
P.O. Box 1395
Forsyth, MT 59327

Date: _____

Check Either: Progress Report___ **or Final Report**___

As an affiliate of the Montana Community Foundation we are required to report to them the status of each grant we award. We ask for a progress report at 6 months. Your final report should be returned to CFNRC no later than one year after the money is granted to you. We recognize that extenuating circumstances happen and ask to be kept informed of any needed changes.

Please provide the following information about your Grant:

Name of Project: _____

Name of Organization and Fiscal Sponsor (if applicable):

Amount of Grant: \$ _____ Date Grant Awarded: _____

Name/ Address/Phone/Email of Person completing this Grant Report Form:

Name _____

Address _____

Phone _____ Email _____

Signature

Date





Please answer the following questions: (You can attach additional pages if necessary)

1. Were the original goals for this project met or achieved?

2. Describe any unexpected obstacles, difficulties encountered, or changes in your goals or project.

3. How was this CFNRC grant helpful to your organization? Please check all that apply.
 - Supported a project that has impacted our program(s) and/or service(s) and the desired target population.
 - Allowed us to expand our services to new communities or populations.
 - Leveraged additional funding.
 - Supported our collaboration with new partner organizations.
 - Enhanced our organization's capacity or improved our organization's management ability.
 - Increased the visibility of our organization.
 - Broadened our organization's membership or base of support.
 - Other (Please explain):

4. Was all the grant money spent as intended?

If not, please give details:

5. Are digital pictures of your program in action, or your completed project included?
_____ CFNRC may: use these pictures at our annual membership meeting; include these pictures in our annual appeal; post these pictures to our website; or use them for other public relations purposes.



6. If appropriate, please provide the name and contact information for a participant(s) who was successfully impacted by this program or project and who would be willing to share their story with others.

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

Please return this completed form to CFNRC, P.O. Box 1395, Forsyth, MT 59327. You may also give to Darrell Grogan at First State bank. Pictures and the form can be emailed to dgrogan@fsbforsyth.com.