

Grantee Final Report

(Deadline: Grant Expiration date on your Grant Agreement Schedule A.)

Grantee/Organization:	
Address:	
City/State/Zip:	
Grant Number:	
Grant Purpose:	
Person Preparing Report:	
Result (Your organization's resul	t is indicated in highlight):
All children in Crawford CoAll residents in Crawford C	rawford County are mentally and physically healthy. ounty will achieve their full potential. ounty are able to meet their financial needs. ounty live in vibrant neighborhoods.
Did We Do It? Is Anyone Better Off? PMs as a percentage (for example, "% of client current value for this reporting period and	PM) answer the following questions: How Much Did We Do? How Well should be written as a number (for example, "# of workshops held") or s showing improvement in financial situation"), followed by the d then by the target value for each PM. Once PMs are determined, they me PMs should be used for all subsequent reporting.
PM 1:	
Current Value:	Target Value:
PM 2:	
Current Value:	Target Value:
(cont. on next page)	



PM 3: _		
(Current Value:	Target Value:
PM 4: _		
		Target Value:
For any PM data that has drastically changed since last reporting period, what is the story behind the curve? Explain the reasons for the change and what steps your organization is taking to adjust your program accordingly.		
What m	. •	ata on your performance measures? How often is this
What ot	her organizations does your program partner v	vith and in what ways?
Any pro	blems or unexpected issues with the grant?	
Would y	ou do anything differently next time?	



What suggestions do you have for The Community Foundation for Crawford County related to this grant or the grant process?

ATTACH COPIES OF RECEIPTS OR OTHER PROOF OF PURCHASE FOR GRANT DOLLARS AWARDED. Pictures of what you used the grant money on are NOT required; however, they are ALWAYS welcome.