



South Central Iowa Community Foundation

108 North Grand ~ Chariton, IA 50049

Telephone (641) 217-9105 ~ Fax (641) 217-9209 ~ Website: www.scicf.org

Final Grant Report

Report deadline date: _____

Organization: _____

Grant ID#: _____ Email: _____

Primary Contact: _____ Phone: _____

Project Title: _____

1. Did you achieve the results you stated in your grant proposal?

YES _____ NO _____

2. If you achieved fewer than expected results during the grant period, what barriers or challenges stood in your way?

3. What % of SCICF grant dollars has been spent to date? _____%

If not 100% spent please indicate why or return any unused grant funds.

4. Briefly summarize the impact that this grant has made on your organization and the people you serve.

5. Please attach photos of completed project and copies of receipts.