***South Central Iowa Community Foundation***

 **SCICF-Decatur County**

 **PO Box 278, Leon, IA 50144**

 [www.scicf.org](http://www.scicf.org)



**Final Grant Report**

**Date grant received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grant amount received:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

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

3. What % of SCICF-Decatur County grant dollars has been spent to date? \_\_\_\_\_\_%

 *If not 100% please return any unused grant funds or request an extension*

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.

**\*Final Grant Reports for all previous grants must be on file prior to submitting a new application.**