

GMCF Grants Final Report Form

Grantee Organization Name: _____

Name of Grant Program: _____

Date grant was issued: _____

GMCF Grant Program: (Circle One)

Grants for Greater Manhattan

YIC

YES! Fund

Deihl Community Grants

Disaster Recovery Fund Grant (COVID-19)

KHF Healthy Initiatives

Amount of Grant Award: \$ _____ **Date program completed:** _____

The grant agreement document references the grant expenses to be covered as part of this funding. Please list items that were paid for using grant funding and the amount of each item.

Item:	\$ Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did your organization indicate the Greater Manhattan Community Foundation's participation in this project's funding in publications (including public announcements and news stories)? _____

(Please attach a copy of all published accounts mentioning the project.)

How many individuals were reached with this grant program? _____

On a separate sheet of paper, please provide a written evaluation of this grant program including information about the degree of success of this project, areas for improvement, and future plans for the program. Also please include stories and testimonials. Email electronic photos to EdeeN@mcfks.org. Failure to provide this information may impact future grant opportunities.

Grant report submitted on: _____

By: _____

Title: _____ **E-mail:** _____