

**Mt. Pleasant Area**  
**community foundation**<sup>SM</sup>

**GRANT REPORT FORM**

**Grant Number:** \_\_\_\_\_ (from Grant Agreement)  
**Program/Project Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Legal Name of Organization:** \_\_\_\_\_  
**Unit Name:** \_\_\_\_\_  
**Person Completing Report**  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Program/Project Name:** \_\_\_\_\_ (from Grant Agreement)  
**Amount of Grant:** \$ \_\_\_\_\_  
**Amount of Grant to be Returned (if any):** \$ \_\_\_\_\_

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**NARRATIVE (2-3 pages preferred)**

- Provide a brief description of the program/project, including goals and objectives.
- To what extent have the goals and objectives described in the grant application been reached? Explain results in outcome-based terms.
- What is the total number of people who benefited from the program/project? Describe the primary population which benefited from the program/project (ethnic group, age group, economic group, gender class, disability group).
- Did the actual program/project vary from your initial plans? Describe how and why.
- What are the most important “lessons learned” from this project?
- How will the organization sustain this program/project in the future?

**PUBLIC RELATIONS**

- Provide a “human interest story” that helps explain the success of the project. Or, provide contact information for an individual or group which benefited from this project, so we may craft a story.
- Provide photos that can be used by the Foundation for future marketing purposes. You may enclose a CD containing the pictures, or send them via email to [jcapen@mpacf.org](mailto:jcapen@mpacf.org).

**BUDGET:** Provide a comprehensive line-item budget for the program/project, listing all sources of income and detailing all expenses. Provide copies of receipts.

**INCOME:**

Source	Amount	Details
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Grant – MPACF	\$ _____	_____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	

**EXPENSE:**

Source	Amount	Details
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL EXPENSE</b>	<b>\$ _____</b>	

*The Grant Report should be completed and returned to the Mt. Pleasant Area Community Foundation by the date indicated in the Grant Agreement.*

*The Grant Report and photos may be emailed to [icapen@mpacf.org](mailto:icapen@mpacf.org) or mailed to:*

**Jaimie Capen-Cascaddan, Program Officer  
Mt. Pleasant Area Community Foundation  
P.O. Box 1283  
Mt. Pleasant, MI 48804-1283**