

NON-COMPETITIVE GRANT REPORT FORM

Grant Number: _____ (from Grant Agreement)

Grant Award Date: _____

Legal Name of Organization: _____

Unit Name: _____

Person Completing Report

Name: _____ Title: _____

Phone: _____ Email: _____

Amount of Grant: \$ _____

Amount of Grant to be Returned (if any): \$ _____

NARRATIVE (2-3 pages preferred)

- Provide a description of how grant funding was used and the impact it had on your organization and the community.
- What is the total number of people who benefited from the grant? Describe the primary population which benefited from the grant (ethnic group, age group, economic group, gender class, disability group).

PUBLIC RELATIONS

- If possible provide a “human interest story” that helps explain the impact of the grant. Or, provide contact information for an individual or group which benefited from the grant, 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.

BUDGET: Provide a comprehensive line-item budget for grant award. Provide copies of receipts.

The Grant Report should be completed and returned to the Mt. Pleasant Area Community Foundation no later than 30 days after grant funding utilized.

The Grant Report and photos may be emailed to jcapen@mpacf.org or mailed to:

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