Ida County

COMMUNITY BETTERMENT FOUNDATION

An affiliate of the Siouxland Community Foundation

GRANT REPORT FORM

APPLICANT: (Name, address)		FISCAL SPONSOR ORGANIZATION: (if applicable)
AMOUNT OF GRANT:	NUMBER SERVED BY PROJECT:	PROJECT COMPLETION DATE:

PLEASE ANSWER THE FOLLOWING QUESTIONS CLEARLY AND CONCISELY ON A SEPARATE SHEET AND ATTACH TO THIS FORM.

1. Give a brief description of the project, including goals and objectives.
2. What underlying problem did the project address? What impact did the grant have on the problem?
3. What were your organization's achievements as they relate to the goals and objectives of the project? Any unexpected setbacks or outcomes? *(Attach newspaper articles, photos, etc. if available. Digital photos should be emailed to address below.)*

REPORT ON GRANT FUNDS: (Attach copies of receipts as applicable if not already submitted with grant payment request)

Description of Expenditures	Amount
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL SPENT	$ _____

Grant Award	$ _____
Less Total Spent	$ _____
Balance Not Spent	$ _____ *

*** Call 712-293-3303 to determine if a refund of balance not spent is due.**

CERTIFICATION: These funds were expended for the purpose of the grant as described above.

Applicant - Authorized Signature/Title	Typed/Printed Name & Title	Date
Fiscal Sponsor Organization - Authorized Signature/Title (if applicable)	Typed/Printed Name & Title	Date

Return to:
ICCBF Administrative Office • c/o 505 Fifth Street, Suite 412 • Sioux City, IA 51101 • 712-293-3303
office@siouxlandcommunityfoundation.org