



# COMMUNITY FOUNDATION of Lyon County

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          |                   |            |
|-----------------------------|-----------------|-------------------|------------|
| _____                       | \$ _____        | Grant Award       | \$ _____   |
| _____                       | \$ _____        | Less Total Spent  | \$ _____   |
| _____                       | \$ _____        | Balance Not Spent | \$ _____ * |
| _____                       | \$ _____        |                   |            |
| _____                       | \$ _____        |                   |            |
| _____                       | \$ _____        |                   |            |
| _____                       | \$ _____        |                   |            |
| <b>TOTAL SPENT</b>          | <b>\$ _____</b> |                   |            |

**\* 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<br>(if applicable) | Typed/Printed Name & Title | Date |

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