



# Monona County

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## COMMUNITY PARTNERS FOUNDATION

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An affiliate of the Siouxland Community Foundation

### GRANT REPORT FORM

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

**\* 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