

LEELANAU TOWNSHIP COMMUNITY FOUNDATION

GRANT FINAL REPORT

Date of Grant Award _____ Tax ID Number _____

Legal Name of Grantee Organization Applying _____

Executive Director _____

Contact Person (if different from Executive Director) _____

Mailing Address _____

City / State / Zip _____

Phone # _____ Fax # _____ E-mail _____

Project Name _____

Beginning and Ending Dates of Project _____

Grant Amount \$ _____

Please provide the following information in the order listed:

1. **Project Evaluation:** Describe how the project was implemented and how it enhanced the quality of life in Leelanau Township. Evaluate whether or not the outcomes identified in your grant application were achieved. Explain why.
2. **Population Served:** Describe the population served by this project, including the approximate number of people who benefited, their gender, age and ethnicity.
3. **Financial Statement:** Include a detailed statement showing specifically how the grant funds were expended in accordance with your grant application and approved budget. Any unexpended funds must be returned to the foundation.
4. **Supporting Materials:** Submit copies of photographs that depict the essence of the project. Also include copies of press releases and marketing materials, if applicable.

Signature of Contact Person

Date

Send completed report to:

Leelanau Township Community Foundation
P.O. Box 818
Northport, MI 49670
(231) 386-9000 Phone & Fax
director@leelanaufoundation.org