



## **EDUCATION AND LITERACY FUND**

**A Fund of the Community Foundation Alliance Inc.**

123 NW Fourth Street ▪ Suite 322 ▪ Evansville, Indiana 47708

Phone 812.429.1191 ▪ [www.alliance9.org](http://www.alliance9.org)

# **Early Childhood Literacy Grant Initiative**

## **Grantee Six-Month Report**

When the Community Foundation Alliance awards grants to non-profit organizations, our primary goal is to partner with these organizations in order to help meet the needs of the communities we serve. Grant evaluation reports help us to measure the achievements of the projects we support and the importance of our grantmaking initiatives in our communities. Therefore, please complete this form and submit to the following address by the date indicated in your grant agreement:

Community Foundation Alliance  
Attn: Program Director  
123 NW Fourth Street, Suite 322  
Evansville, IN 47708

<b>Name of Organization</b>	<b>Date of Report</b>
<b>Executive Director or Equivalent</b>	<b>Name of Individual Submitting the Report</b>
<b>Grant Number</b>	<b>Amount of Grant</b>
<b>Project/Program Information</b>	
<b>1. Briefly describe the project for which the grant was awarded.</b>	

**2. Has the project differed in execution from the project presented in the proposal? If so, please explain.**

**3. What have been the project accomplishments to date? Please describe how you are meeting your goals and objectives as set forth in the proposal?**

**4. Describe those served by the project to date, specifically referring to geographic location, age, and other descriptors.**

#### **Financial Reports**

**1. Using the worksheet provided, submit an itemized list of actual expenditures and income/funding sources to date for your project. Please also indicate in the appropriate area the project budget approved with the grant.**

**2. The Community Foundation Alliance retains the right to audit this grant. Please keep all receipts relating to your project and make them available for review by a representative of the Alliance throughout the grant period and for at least three months after submitting the final report.**



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**Project Budget Worksheet  
Six-Month Report**

Please be thorough when completing this form. Your budget should reflect all actual expenses and actual income/funding sources for the project as well as all proposed budget items approved with the grant.

If you have questions about completing this form, please contact the program director of the Community Foundation Alliance at 812.434.4923 or toll-free at 877.429.1191.

<b>PROJECT EXPENSES</b>	<b>AS APPROVED WITH GRANT</b>	<b>ACTUAL TO DATE</b>	<b>INCOME/ FUNDING SOURCES</b>	<b>AS APPROVED WITH GRANT</b>	<b>ACTUAL TO DATE</b>
<b>TOTAL</b>			<b>TOTAL</b>		

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_