



CITY OF EVANSVILLE ENDOWMENT FUND

A Supporting Organization of the Community Foundation Alliance, Inc.
 123 N.W. Fourth Street, Suite 322, Evansville, IN 47708-1712
 Telephone 812.429.1191 • Toll-Free 877.429.1191 • Fax 812.429.0840

Grantee Final Report

The City of Evansville Endowment Fund, Inc. partners with Evansville nonprofit organizations through its capital project grant program to help strengthen these organizations and impact the community in a meaningful way. In order to evaluate its impact and guide its grantmaking process, the CEEF requires that you submit to us a final report at project completion or by the date indicated in your grant agreement, whichever comes first. Please use the following form.

Name of Organization	Date of Report
Executive Director or Equivalent	Name of Individual Submitting the Report
Grant Number	Amount of Grant
Project Information	
1. Briefly describe your funded project.	
2. Did the project differ in execution from the project presented in the proposal? If so, please explain.	
3. Describe the project accomplishments and how you have met your goals and objectives as set forth in the proposal.	

4. Describe how the completed project has impacted your organization and the population you serve.

5. Describe any lessons learned and/or any unanticipated side effects (either good or bad) as a result of the project.

Financial Reports

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

2. The CEEF 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 CEEF for at least three months after submitting this report.

Additional Information

Please submit with this report any photographs or news articles you may have relating to your completed project. The Community Foundation Alliance often uses photographs for its publications, so please clearly describe the pictures (and the names of those pictured, if applicable).

Please return this form to:

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



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**Project Budget Worksheet
 Final 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 Community Foundation Alliance program director at 812.434.4923.

PROJECT EXPENSES	AS APPROVED WITH THE GRANT	ACTUAL	INCOME/ FUNDING SOURCES	AS APPROVED WITH THE GRANT	ACTUAL
TOTAL			TOTAL		

Submitted By: _____ **Date:** _____

Signature _____