



Muncie Altrusa Foundation, Inc.
P. O. Box 923
Muncie, Indiana 47308-0923

"Serving special needs in Delaware County"
www.munciealtrusa.org

GRANT REPORT - ORGANIZATION

Complete and return this report when the program or project has been completed, but no later than one year after the date of the grant award. Failure to file a timely report will disqualify the organization from future grants from Muncie Altrusa Foundation.

Organization Name _____

Address _____

Phone Number _____ Email _____

Date of grant award _____ Grant amount _____

The following items should be attached to this cover sheet:

1. Please attach a description of the project or program. Include the number of persons served (where appropriate), the dates of the project or program, and the activities completed. If the final project differed from the original intent, please attach an explanation. List or attach any printed materials produced for the program or attach photos as appropriate.
2. Please attach a description of the goals of the project or program, and evaluate the success of the activity. Please include a description of the method of evaluation.
3. Please include a final project budget including how Muncie Altrusa Foundation grant funds were used as outlined in the grant application. Include other sources and amounts of funding such as donations, fees, other grants, and in-kind contributions.
4. Attach copies of receipts (if appropriate).

Individual submitting report _____

Title of individual submitting report _____

Signature _____ Date _____

**Completed reports should be mailed to: Muncie Altrusa Foundation, Inc.,
ATTN: Grants Committee, PO Box 923, Muncie, IN 47308.**