

COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.

**Small Grants Program
Grantee Performance Report**

Agency:

Agency Contact: _____ **Telephone:** _____

Please complete and return to the Community Foundation by:

Required Attachments: Photocopy of receipts documenting the purchase of goods or services for which the grant was given. Are the required documents attached?

Yes **No**

Why not? _____

Purpose of Grant: _____

Status:(project/event/activity) _____

Grant Purpose Achieved: Yes No (circle one)

Briefly describe the impact of the grant on your agency:

(Optional) Comments concerning the Small Grants Program:

Thank you.

Signature: _____ **Date:** _____

Please enclose a copy of any publicity related to this program.