

**COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.**  
**Nonprofit Technical Mini Grant 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 Mini 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 Technical Mini Grant Program:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Please enclose a copy of any publicity that resulted from your agency receiving the mini grant.)**