

COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.

Grantee Performance Report

Grant Amount: _____ Date Approved by CFES: _____

Please complete and return to CFES by: _____

Grantee Organization: _____

Address: _____

1. Describe the project for which Foundation funds were granted: _____

2. What were the specific goals of the project during the grant period and were these goals met?

If not, what were the obstacles to success? _____

3. Actual use of Foundation funds in support of project (please attach a breakdown of expenditures and include copies of receipts or invoices to justify expenditures):

4. Please describe the impact of Foundation funds on your project: _____

5. What is the future of the project? _____

6. What are your plans for future funding of the project? _____

7. Other Comments: _____

8. Please attach copies of press releases, public statements or other forms of publicity concerning the project.

9. Please share with us any success stories that occurred as a result of this grant.

Signature

Date

Printed Name/Position

Telephone

Please attach an extra sheet if space on this form is inadequate.