P.O. Box 652, Grants Pass, OR 97528 fourwaycommunityfoundation.org
fourwaycommfdn@gmail.com

2017 Grant Report

Grantees are encouraged to submit reports upon completion of the project. All reports are required to be submitted by June 1, 2018. However, waiting until June may preclude you from being eligible for the next year's grant cycle as our deadline for applications is April 1. Unless an extension is granted, projects must be completed, or awardee may be asked to return granted funds. This report will verify you have completed the approved project as outlined in your grant application, and you have expended the funds as planned. **Please attach copies of any relevant receipts.** If you are unable to complete your project by June 1, 2018, please explain on the form and indicate how much time you anticipate needing to complete your project. If needed, attach additional information, **but please limit to three pages total.**

Send completed Grant Report to post office box or email address above.

Name of Organization: _____

Project Description: _____

Amount Awarded: _____

Project Completion Date: _____. *If the project has not been **completed by June 30, 2018**, please explain the need for an extension and the potential date of project completion*: _____

_____

_____

Were all funds expended as indicated in the approved budget? □ YES □ NO

If no, unused funds are to be returned to the Four Way Community Foundation, or a request may be made to the foundation to use the funds for capital items that support or align with the approved project. If you would like to request an amendment to your budget to use unexpended funds, please explain: _____

_____

_____

_____

Comments regarding your project: _____

_____

_____

We appreciate photographs of completed projects emailed to: fourwaycommfdn@gmail.com. *These may be used on our website (fourwaycommunityfoundation.org) and other promotional media. If identifiable people are shown in the photographs, please obtain written permission for the photos to be used by Four Way for promotional purposes. Your signature below indicates the accuracy of the information above and that you have permission for us to use those photos.*

_____	_____	_____
Printed Name/Title	Signature	Date