Kimball Area	GRANT REPORTING FORM
An Affiliated Fund of Nebraska Community Foundation	 P.O. Box 483 Kimball, NE 69145 KimballAreaFoundationFund.org kimballareafoundation@gmail.com
GRANT DATE \$	GRANT AMOUNT
GRANT RECIPIENT ORGANIZATION NAME	
PROJECT/PROGRAM TITLE	CONTACT NAME
E-MAIL	PHONE

Please return your completed report within 30 days after the end of the activity funded by the grant.

WHAT IMPACT DID YOUR PROJECT/PROGRAM HAVE ON THE COMMUNITY?							

DESCRIBE WHO YOUR PROJECT/PROGRAM SERVED (E.G. AGE GROUPS, NUMBER OF PEOPLE, ETHNIC POPULATIONS ETC.).

HOW HAS THIS PROJECT/PROGRAM ACCOMPLISHED THE OBJECTIVES STATED IN THE GRANT APPLICATION?

PROJECTED BUDGET: ______ ACTUAL EXPENSES: _____ WHAT WERE THE REASONS THE VARIANCE, IF ANY OCCURRED?

DID YOU MEET ANY UNEXPECTED CHALLENGES DURING THE PROJECT/PROGRAM? YES NO IF SO, HOW DID YOU HANDLE THEM?

HAS THIS GRANT HELPED ATTRACT NEW FUNDING	? YES	NO	IF SO	, HOW?

HAS THIS GRANT HELPED TO INCREASE VOLUNTEER INVOLVEMENT	?	YES	NO	IF SO, HOW?
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DESCRIBE LESSONS LEARNED. WHAT WOULD YOU DO DIFFERENTLY?

WILL THIS PROJECT/PROGRAM CONTINUE AFTER THIS GRANT RUNS OUT? YES NO IF SO, HOW DO YOU PLAN TO FUND THIS PROJECT IN THE FUTURE?

HAS KAFF RECEIVED A PHOTO OR FLYER?	YES	NO	IF NOT,	WHAT	IS THE	ESTIMATED	DATE OF
PROVIDING IT?		1					