



PROJECT COMPLETION REPORT

ORGANIZATION:

ADDRESS:

TELEPHONE:

PROJECT DIRECTOR:

AMOUNT OF GRANT:

PROGRAM TITLE:

DESCRIPTION OF FUNDED PROJECT:

WERE THE FUNDS USED **EXACTLY** AS STATED IN THE GRANT APPLICATION?

IF NOT, HOW WERE THEY USED WHILE REMAINING WITHIN THE PARAMETERS OF THE GRANT CONTRACT?

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WHAT ARE THE OUTCOMES OF THE FUNDED PROJECT? (PLEASE INCLUDE ANY MEASUREABLE RESULTS)

WILL THE PROJECT CONTINUE IN THE FUTURE?

ADDITIONAL COMMENTS SUCH AS LESSONS LEARNED OVER THE COURSE OF THE GRANT AND DESCRIPTION OF ANY COLLABORATION WITH ANOTHER ORGANIZATION:

ATTACHMENTS: PLEASE ATTACH NEWS ARTICLES, PICTURES, TESTIMONIALS, OR BROCHURES RELATING TO THE GRANT

RETURN TO:

PARSONS AREA COMMUNITY FOUNDATION
PO BOX 894
PARSONS, KS 67357
EMAIL: allen@parsonsareacf.org