

**Rochelle Area Community Foundation: Grant Summary/Progress Report**

**Report for Grant Year:** \_\_\_\_\_

This report is required of all grant recipients of Rochelle Area Community Foundation Grants within nine (9) months of receipt of grant funds. Grant recipients who have not completed this form within the specified time frame will not be eligible for grants in the next granting cycle.

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**1. Project Summary (what did you do with your grant money?)**

**2. What were your major goals/objectives?**

**3. Describe what was accomplished:**

**4. What was the benefit to those you serve?**

**5. Other comments:**

**Date project completed:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

You may include photos, photo files or other information to help us share your success story.

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**Received By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_