

Grant Final Report

Project NoName of Project:							
Organization:							
Amount	of Grai	nt from	Northla	and Founda	ation:		
Project [Directo	r/Conta	ct Pers	son:			
Address of Contact Person:Phone #:							
Email Ad	ddress	of Con	tact Pe	rson:			
1. Please provide the Northland Foundation with the information requested below as it relates your total project. (Include numbers for each box.)							s to
	TOTAL NUMBER OF PARTICIPANTS SERVED				TOTAL NUMBER OF COMMUNITIES SERVED	TOTAL NUMBER OF ORGANIZATIONS SERVED	
	CHILDREN & YOUTH			ADULTS	(Cities, Townships & Villages)		
	Ages 0-5	Ages 6-12	Ages 13-19	Ages 20+			
	#	#	#	#	#	#	

- 2. Please write and attach a brief description (1–3 paragraphs) of the project activities and outcomes.
- 3. Please write and attach one anecdote (story) and any pictures you would like to share with us that reflects a positive impact on the project audience.
- 4. Have all the grant funds been expended? YES_____ NO____

If the grant funds have **not** been expended, please state how the remaining dollars will be used for the project. Also, list the amount of grant dollars not spent. \$_____

Please send your final report to carolc@northlandfdn.org

Northland Foundation 202 W. Superior St., Suite 800 Duluth, Minnesota 55802

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Due Date: