

Grant Final Report

Due Date:			
Project NoNa	ame of Project:		
Organization:			
Amount of Grant from No	orthland Foundation:		
Project Director/Contact	Person:		
Address of Contact Pers	on:	Phone #:	
E-Mail Address of Conta	ct Person:		
your total project.	(Include numbers for eac	the information requested below ch box.)	

TOTAL NUMBER OF PARTICIPANTS SERVED		CIPANTS	TOTAL NUMBER OF COMMUNITIES SERVED	TOTAL NUMBER OF ORGANIZATIONS SERVE	
CHILDREN & YOUTH		ADULTS	(Cities, Townships & Villages)	ONGANIZATIONO GENVED	
Ages 0-5	Ages 6-12	Ages 13-19	Ages 20+	l	l
#	#	#	#	#	#

- 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 RETURN THIS FORM TO
Northland Foundation
202 W. Superior St., Suite 610
Duluth, Minnesota 55802
(218) 723-4040 (800) 433-4045 Fax: (218) 723-4048

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