

## **Grant Final Report**

Due Date:		
Project NoName of Project:		
Organization:		
Amount of Grant from Northland Foundation:		
Project Director/Contact Person:		
Address of Contact Person:	Phone #:	
Email Address of Contact Person:		

1. Please provide the Northland Foundation with the information requested below as it relates to your total project. (Include numbers for each box.)

NUN	IBER O	OTAL F PARTI ERVED	CIPANTS	TOTAL NUMBER OF COMMUNITIES SERVED	TOTAL NUMBER OF ORGANIZATIONS SERVED
	ILDREI 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 (218) 723-4040 • Fax: (218) 723-4048 • <u>www.northlandfdn.org</u>

KIDS\YTHPHILA\Applications and Report Forms