



PIKE COUNTY COMMUNITY FOUNDATION

A member of the *Community Foundation Alliance*

714 Main Street
PO Box 587
Petersburg, IN 47567

Grantee Six-Month Report

The Pike County Community Foundation regularly evaluates its grant programs and the impact of its funding on the community. In order to guide its grant-making process, the Community Foundation requires that you submit to us a six-month progress report utilizing the following form.

Name of Organization	Date of Report
Executive Director or Equivalent	Name of Individual Submitting the Report
Grant Number	Amount of Grant
Project/Program Information	
1. Briefly describe the project for which the grant was awarded.	
2. Has the project differed in execution from the project presented in the proposal? If so, please explain.	

3. What have been the project accomplishments to date? Please describe how you are meeting your goals and objectives as set forth in the proposal?

4. Describe those served by the project to date, specifically referring to geographic location, age, and other descriptors.

Financial Reports

1. Using the worksheet provided, submit an itemized list of actual expenditures and income/funding sources to date for your project. Please also indicate in the appropriate area the project budget as approved with the grant.

2. The Community Foundation retains the right to audit this grant. Please keep all receipts relating to your project and make them available for review by a representative of the Community Foundation throughout the grant period and for at least three months after submitting the final report.

Please return this form to:

Pike County Community Foundation
714 Main Street
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**Pike County Community Foundation
Project Budget Worksheet
Six-Month Report**

Please be thorough when completing this form. Your budget should reflect all actual expenses and actual income/funding sources for the project as well as all proposed budget items approved with the grant.

If you have questions about completing this form, please contact the Pike County Community Foundation at 812.354.6797 or the program director of the Community Foundation Alliance at 812.434.4923.

PROJECT EXPENSES	AS APPROVED WITH THE GRANT	ACTUAL TO DATE	INCOME/ FUNDING SOURCES	AS APPROVED WITH THE GRANT	ACTUAL TO DATE
TOTAL			TOTAL		

Submitted By: _____

Date: _____