



443 Boot Road, Downingtown, PA 19335
(484) 593-5040 Main (484) 593-5036 Fax

GRANT REPORT FORM

Grant Number:

Grant Amount:

Grantee Organization:
Grant Name/Project:

Grant Payable to:

Grant Purpose:

Grant Contact:
Phone:
Email:

Mail Grant Check to:

*Please use additional sheets of paper if necessary. Include any pictures, publicity, expenses/receipts or other attachments and **submit this document as a PDF file**. Please send to the attention of Sharon King, Assistant to the Executive Director, sharonking@CCRES.org.*

Brief summary of how the grant was used:

Brief summary of outcomes achieved as a result of the grant:

Future plans for the program:

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Email: _____