

Family & Friends Community Foundation

Grant Recipient Final Report

Date:

Name of Organization:

Address:

Contact person

Project Evaluation:

Please summarize the following: What worked well. What didn't. Why? What did you learn? Did the project reach the people it was intended to serve? Did you collaborate with other agencies? Were there any partnerships created?

Please attach a copy of your receipt for the project, and photos and newspaper release if available.

Thank you for allowing Family and Friends Foundation to be a part of your project!

Please return completed information to

Family & Friends Community Foundation Inc

Box 800

Langenburg SK S0A 2A0 ATT Cherryl Kotzer Program Administrator