



# Building Stronger Neighborhoods Grant Report Form

## DIRECTIONS

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1. At the end of the project or activity for which your group received funds, please fill out the following 4-page form and return it to the Building Stronger Neighborhoods administrative office:  
Building Stronger Neighborhoods  
c/o Community Foundation of Greater Greensboro  
330 S Greene St., Suite 100  
Greensboro, NC 27401;  
or you may hand-deliver to the Community Foundation office at 330 South Greene Street.
2. The “Activity Report” section asks for information on how your project or activity went. The “Financial Report” section asks for details about how all grant funds were spent.
3. If you have any questions about this form, please contact Donna Newton, [bendewt@yahoo.com](mailto:bendewt@yahoo.com) or 336-202-4309

## PROJECT REPORT

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Contact Information

Neighborhood Group \_\_\_\_\_

Group Leader/Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

1. Grant Period: \_\_\_\_\_
2. Brief description of the project or activities supported by the grant:

3. Number of residents who participated in the project or activities: \_\_\_\_\_

4. List the goals you planned in the application, and whether or not these goals were accomplished:

List changes in your neighborhood that are the direct result of the project or activities completed:

5. What, if any, challenges or obstacles did your neighborhood group experience in completing the tasks of the project or activity?
6. What are the next steps in your neighborhood group?

# FINANCIAL REPORT

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Starting Balance: \$ \_\_\_\_\_ .00

Expense or Item Purchased	Amount Budgeted from Proposal	Amount Spent
	\$	\$
<b>TOTALS</b>		

Ending Balance (if any): \$ \_\_\_\_\_ \*

\*Any remaining funds should be returned to the Community Foundation of Greater Greensboro to be reinvested in the Building Stronger Neighborhoods program.

In Kind/Other Contributions	Amount Budgeted from Proposal	Amount Spent
	\$	\$
<b>TOTALS</b>		

\* Please feel free to attach additional sheets if space is needed.

7. Neighborhood representative signatures are required:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address/Phone \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address/Phone \_\_\_\_\_

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