



Building Stronger Neighborhoods Grant Report Form

DIRECTIONS

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 or 336-202-4309

PROJECT REPORT

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

Starting Balance: \$ _____ .00

Expense or Item Purchased	Amount Budgeted from Proposal	Amount Spent
	\$	\$
TOTALS		

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
	\$	\$
TOTALS		

* 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	