

	<h2>Post Grant Report</h2>
	<p>INTERNAL REVENUE SERVICE REGULATIONS REQUIRE FOUNDATIONS TO HAVE THIS COMPLETED FORM ON FILE.</p>

Please complete this evaluation and return it to the Wells County Foundation. Include copies of publicity materials. This report is due at the conclusion of your project and must be on file prior to submitting a request for new funding.

DATE:

NAME OF ORGANIZATION:

AMOUNT OF GRANT:

BRIEFLY EVALUATE THE PROJECT INCLUDING:
(USE REVERSE SIDE OR SUPPLEMENTARY SHEET IF NEEDED.)

1. Did your organization use local volunteers to help implement this project? If so, describe their roll.

2. Give an overview of how objectives were achieved as outlined in the application.

3. Did your organization collaborate with other community agencies on this project? Please describe.

4. Evaluate the impact made to those served by this grant and to the Wells County community in general.

5. Attach copies of financial records including receipts verifying expenditures.

Signed

Date