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Story County Community Foundation

FINAL GRANT REPORT

Reports are to be emailed to ksevde@storycountyfoundation.org.

Final Report Deadline is 5:00 PM, August 31, 2025.

tion of the

All 2024 Grant Recipients are required project and no later than end of d	uired to file a Final Report upon comple Iay on August 31, 2025.
Name of Organization:	
Contact Person for the application	on:
Title:	
Person filing the Final Report, if d	lifferent than the contact person:
Title:	
Phone Number:	Email:
Project Name:	
Total Cost of the Project: \$	
Amount of Story County Commu	nity Foundation grant funds received: \$
Matching Funds (if any): \$	

Story County Community Foundation

Project Review

Signature of Person Filing the Report Date	
I certify the accuracy of the attached report for expenditure and usage of grant funds for the above- mentioned project and that the resulting balance is accurate.	
Please submit your completed report, in one PDF packet to ksevdey@storycountyfoundar	tion.org.
Please include or share separately photos of the completed project(jpeg, png format).	
What type of recognition and publicity did the Story County Community Foundation receifunding?	ive for the grant
Please provide an expense report detailing how the SCCF grant money was spent. Include documentation of expenditures, such as receipts.	9
Is the project complete? If it is on-going, is the project self – sustaining?	
If you modified the intended outcomes, indicate the changes. Were there unexpected successes/benefits?	
How did you evaluate the project? Please detail the program/project results.	
Were you able to attain these goals?	
Summarize the goals of your project:	