

GRANT IMPACT REPORT

HTTPS://WWW.CFYPINELLAS.ORG/GRANTS GRANTS@CFYPINELLAS.ORG | (727) 477-0624

SERVING THE YOUTH OF PINELLAS COUNTY

	FOR OFFICE USE ONLY	
Grant ID:	Grant Amount:	
Date Funded:	Notes:	
Season/Term of Project:		

NAME OF ORGANIZATION		NAME OF INDIVIDUAL SUBMITTING REPORT
ADDRESS		СІТҮ
РНОЛЕ	EMAIL	TAX ID #

Please respond to the following topics and include your answers on a separate page (typed)

- 1. Brief description of the project for which you received funding as outlined in the original application.
- 2. What were the actual outcomes? Are there any future plans related to this grant/project?
- 3. If there were unexpected results, please share them.
- 4. Briefly describe the benefits of this contribution to your organization and the community.
- 5. What parties have benefitted?
- 6. How many lives have been impacted by this grant?
- 7. How did the grant help you to form new relationships/collaborations? Please list any entities that were active partners.
- 8. How did your organization recognize this grant? If they have not been previously shared, please submit any stories, photographs, or other materials that will help to illustrate this project. Through sharing with us, CFY will have future usage permission of submissions.

Complete responses and related content (as described in #8) to be submitted by email to grants@cfypinellas.org

I understand that failure to provide all requested information may result in denial of application or ability to submit application in the future as outlined in the CFY Grant Guidelines & Procedures.

SIGNATURE ORGANIZATION PRESIDENT/CEO

PRINTED NAME

DATE