

GRANT IMPACT REPORT

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		-		FOR OFFICE USE ONLY
			Grant ID:	Grant Amount:
			Date Funded:	Notes:
			Season/Term of Project:	
		•		
NAME OF ORGANIZATION			NAME OF INDIVIDUAL SUBMITTING REPORT	
ADDRESS	· · · · · · · · · · · · · · · · · · ·		CITY	
PHONE	EMAIL		TAX ID #	
 Please respond to the following topics and include your answers on a separate page (typed) Brief description of the project for which you received funding as outlined in the original application. What were the actual outcomes? Are there any future plans related to this grant/project? If there were unexpected results, please share them. Briefly describe the benefits of this contribution to your organization and the community. What parties have benefitted? How many lives have been impacted by this grant? How did the grant help you to form new relationships/collaborations? Please list any entities that were active partners. 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. 				
I unde	ete responses and related content (as deerstand that failure to provide all requents application in the future as outlined	ested information may resu	It in denial of app	
SIGNATU	JRE ORGANIZATION PRESIDENT/CEO	PRINTED NAME		DATE

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