



## COMMUNITY GRANT FOLLOW-UP REPORT

Please provide feedback regarding the program supported by the SwedishAmerican Foundation grant your organization received. This form must be submitted by June 30 of the following year the grant was received. Your organization will not be eligible for future grants unless this completed form is on file at the Foundation.

Organization Name: \_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_  
Name of Funded Project: \_\_\_\_\_  
Amount Received: \$ \_\_\_\_\_

1. On a separate sheet, please provide an itemized accounting of your organization's use of the funds it received. Attach any applicable receipts.
2. How many people benefitted from the grant, and how were they benefitted. How was this benefit measured? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Detail how the funding allowed your organization to meet its goals and/or accomplish its purpose through the event or program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please attach any photos, personal notes, or news clippings relative to the program or event.

**Please return this completed form to:**

**SwedishAmerican Foundation  
1415 E. State Street  
Rockford, IL 61104  
Attn: Grant Follow-Up**