



Cascade Community Foundation

Enhancing The Greater Forest Hills Communities

FINAL EVALUATION AND EXPENDITURE REPORT (to be submitted 6-months after award).

Grant Recipient's name _____ Project name _____

Grant Amount _____ Total Expenses _____

PLEASE INCLUDE YOUR FINAL BUDGET FOR THE PROJECT RELECTING THE USE OF THE FUNDS RECEIVED FROM THE GRANT.

Grant fulfilled the criteria for which CCF Fund (fund descriptions are found on the website)...

- Benefit Fund
- Area Enhancement Fund
- Activities Fund

Did the grant appear in any newsletter or articles? Please include a copy. _____

What geographical area or who was impacted by this grant? If possible, give a specific example.

Please provide pictures or share social media links of program.

Would you be willing to do a video report on your grant?

Did a CCF board or staff member visit to see the grant in action? Who?

Please provide any additional comments or feedback you think would be helpful to the Cascade Community Foundation

Grant Recipient Signature/Printed Name

Date

**E-mail to: devp_admin@cascadecommunityfoundation.com
Cascade Community Foundation, Attn: Grant Committee
6757 Cascade Road SE, Suite 105, Grand Rapids, MI 49546**