



Grant Report Form

Download and save form to hard drive prior to filling out

Organization _____ Date _____

Address _____

Contact Name _____ Title _____ Phone # _____

Amount of Grant Award \$ _____ Number impacted/supported by this grant? _____

Briefly describe how funds were used:

Stories or comments about how this funding impacted the work of the organization and those served by the organization (feel free to use additional pages)

We encourage you to include pictures or other documentation highlighting your project.

Submit by mail, email or fax to:
HCCF*PO Box 1058*Moorefield, WV 26836
apancake@ewvcf.org
Fax: 1-888-507-8375