



**Ashland County
Community Foundation**

...for generations to come

I-M-P-A-C-T YOUTH GRANTS

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www.accommunityfoundation.org

I-M-P-A-C-T YOUTH GRANTS FOLLOW-UP REPORT/EVALUATION

Imagine Making Philanthropy an Ashland County Tradition

Organization: _____

Purpose of Grant: _____

Amount of Grant: _____ Date of Grant: _____

Date Follow-Up Report Due: _____

The ACCF Board of Trustees is genuinely interested in the success of the programs and projects it funds. Follow-up reports serve to inform the Board of the status of these activities and the disposition of monies granted. Follow-up reports are required as a condition of each grant. Responses must be typed. A writable pdf is available at www.accommunityfoundation.org.

RESULTS

1. What was accomplished for each of the goals outlined in the original proposal?
(Refer to the Evaluation and Results section of your original application. Complete and attach.)

2. What do you feel are the lasting benefits of the project?

3. Describe any unanticipated outcomes, benefits, or challenges encountered with this project.

4. To personalize our grantmaking through real-life examples, provide a specific example of an incident in your project/program that you consider to be meaningful.

5. Provide photographs, press releases, media stories or other published materials regarding the funded activity. (ACCF reserves the right to publish photos unless otherwise specified by the grantee.)

FUTURE PLANS

1. What is your plan for this project in the future? Briefly describe rationale for continuance, expansion, replication, or termination.

LESSONS LEARNED

1. If you were to do this project again, what would you do differently?
2. How will you use what you have learned to inform future work?
3. What recommendations can you make to funders or others working in this field?

FINANCIALS

1. Provide a complete accounting of how the specific grant dollars from ACCF were spent.
2. What were the actual revenues and expenses of your program/project budget?
(Refer to Funding Plans section of your original application. Complete and attach.)

Signature _____ Date _____

Printed Name _____

Address _____

Phone _____ Fax _____ Email _____

The completion of this follow-up report is required for future eligibility of ACCF grants.