



406 Boot Road, Downingtown, PA 19335  
(484) 593-5040

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## GRANT REPORT FORM

**Grant Number:**

**Grant Amount:**

Grantee Organization:

Grant Name/Project:

Grant Payable to:

Grant Purpose:

Grant Contact:

Phone:

Email:

Mail Grant Check to:

*Please use additional sheets of paper if necessary. Include any pictures, publicity, expenses/receipts or other attachments and **submit this document as a PDF file**. Please send to the attention of Sharon King, Assistant to the Executive Director, [sharonking@CCRES.org](mailto:sharonking@CCRES.org).*

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Brief summary of how the grant was used:

Brief summary of outcomes achieved as a result of the grant:

Future plans for the program:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_