



Community
FOUNDATION

for the
Central Savannah
River Area

UNRESTRICTED GRANT SIX MONTH REPORT

Are Due By July 15th *

* If you have completed your program/project, completed all of your outcomes and expended all of your money, please fill out the final report and skip the six month report.

Organizational Name

Funding Year

Person Filling Out
Report

Phone

E-mail

Report

Six Month

1. Have you started your project?

Yes

No

If yes, how much of your grant have you spent to date?

2. Has anything changed from your initial proposal?

Yes

No

If yes, please explain

3. Are you facing challenges you had not expected?

Yes

No

If yes, please describe.

4 Give a general description of the progress you have made toward your outcomes.

To the best of my knowledge all of the information I have included in my report is accurate.

Signature

Date