

The Mary McClellan Foundation, Inc.
P.O. Box 90
Greenwich, NY 12834

GRANT REPORT FORM

Grantee:

Grant #:

Amount of Grant:

Purpose of Grant:

Grant Period:

This grant is to be used only for the purpose described in the grant award letter. The grant is subject to modification only with the Mary McClellan Foundation's prior approval. The grantee shall return to the Mary McClellan Foundation any unexpended funds at the end of the grant period.

1. Brief summary of how the grant was used:

(Please attach photos of your project activities and relevant equipment purchased. If this grant was used to purchase equipment, please send us a copy of the receipts.)

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

3. Future plans for the program, as necessary:

Please, include any pictures, publicity, or other attachments.

Name/Title

Signature

Date

Return to: The Mary McClellan Foundation, P.O. Box 90, Greenwich, NY 12834