

# Henry County Community Foundation, Inc.

## Grant Report Form

Organization

Project Title

Type of Grant

Community Grants

Spring

Fall

TASC Grant

Caine Grant

Year

Grant Amount\*

\*Attach receipts for items purchased and project expenses.

Describe your project and the objectives you achieved in its completion. .

Include effect grant had on the community, recipients of service and your organization.

How and when was the grant expended (items purchased, labor paid, etc)

Name and Title of person completing form

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

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

Please complete and return to: Henry County Community Foundation, Inc.  
PO Box 6006  
New Castle, IN 47362