

GRANT COMPLETION FORM



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Organization's Name:		
Project Coordinator:		
Address:		
Telephone:	Fax:	Email:
Date:		
Grant Date:		
Grant Amount:		
Grant Program:		
Brief Summary of the Funded Project: (Include descriptions of activities you conducted)		
What measurable differences did the project make for your organization and/or those served by the project? (Please refer to the outcomes you identified in your application)		

What did you learn and what would you tell another group who was going to do a similar project?

How could the following CFNWG functions be made more helpful or effective?

1. Application process
2. CFNWG staff resources
3. Completion report guidelines

Provide a success story (if applicable)