



Copper Shores Office Use Only  
Grant No. \_\_\_\_\_

## GRANT FOLLOW-UP REPORT FORM

(Grants \$2,500 and under)

As a grantee, you are required to submit a follow-up report. Please fill out the below form; attach your narrative, purchase receipts, and project publicity material; and submit the entire report to the Copper Shores Community Health Foundation. The report is due no later than 30 days after the grant period ends. *If a portion of your grant funding remains unexpended at the time your follow-up report is due, please contact Copper Shores before submitting your report.* This report is available as a form-fillable PDF, which may be downloaded from the Copper Shores website ([www.coppershores.org](http://www.coppershores.org))

### GRANTEE INFORMATION

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
*Street/PO Box City State Zip*

Project Contact: \_\_\_\_\_  
*Name E-mail Telephone*

Member authorized to submit report: \_\_\_\_\_  
*(e.g., CEO – see FAQs on the website for acceptable signatories) Name Position*

Authorized member's signature: \_\_\_\_\_

### GRANT INFORMATION

Project Name: \_\_\_\_\_ Grant Date: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ Project Start/End Dates: \_\_\_\_\_

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

### PROJECT DATA

Please identify the counties, cities, and townships served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please identify the total number of people served: \_\_\_\_\_

Please identify the total number of households or families served: \_\_\_\_\_

Please identify and describe any additional data you feel is relevant: \_\_\_\_\_

\_\_\_\_\_  
*(Please attach an additional page if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_

**NARRATIVE**

All grantees (\$2,500 and under) are required to submit a narrative that answers each of the following questions/statements. Please attach your narrative to this grant follow-up report form.

- 1) Describe or share participants’ reactions to this project.
- 2) Describe what your organization learned from this project.
- 3) What outcomes or results came from this project? These can be both expected and unexpected outcomes/results.
- 4) Please share any additional information you feel would provide us with a more complete understanding of the project’s scope and successes.

**ADDITIONAL INFORMATION**

All grantees (\$2,500 and under) are required to submit the following information with their grant follow-up report form:

- 1) Purchase receipts for project materials that utilized Copper Shores funding.
- 2) Copies of printed materials, publicity, and any news/media coverage for this project.

**GRANT FOLLOW-UP REPORT SUBMISSION**

All grant follow-up reports must be received in the Copper Shores office no later than 30 days after the reporting period ends. All electronic submissions must be in PDF format. Copper Shores will not accept incomplete reports. If a grantee submits an incomplete report, may request the grantee to revise and resubmit. Return completed reports to:

Copper Shores Community Health Foundation	P: 906.523.5920
400 Quincy St.	F: 906.523.5925
Hancock, MI 49930	E: grants@coppershores.org (as a PDF)

**DO NOT COMPLETE – COPPER SHORES USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Notes: \_\_\_\_\_

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