



FINAL REPORT QUESTIONNAIRE

1. Report is due 30 days after the completion of your project.
2. Please complete all sections.
3. If you have any questions regarding this questionnaire, please contact Dionne Grayson at 262.404.7048 or info@ccsgsmallgrants.org.

Grantee Information

Project Name:	
Your Name:	
Date:	
Mailing Address:	
Email Address:	
Phone Number:	
Project Start Date:	
Project End Date:	
Total Project Cost:	

Project Information

Grant Amount:	Matched Dollars:	Total Number of Participants:
Total Number of Volunteers:	Total Number of Volunteer Hours:	Project Partners



--	--	--

Did you feel supported by the CCSG team? Please explain.

Budget Information

1. Use the table below to show how CCSG funds were spent. Show your budgeted expenses and the actual expense. These numbers might be different.

Project Expenses				
	Type of Expense/Item Purchases	Budgeted Amount	Actual Amount	Difference (if any)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total Expenses:				



2. Briefly describe the expenses listed above and any differences between budgeted and actual amount.

3. Are there any unused grant funds? How much? NOTE: All unused grant fund must be returned to the CCSG program.

Yes_____ No_____

4. Please attach the following:
 - a. Copies of receipts to show how grant funds were spent. (Receipts are **REQUIRED**)
 - b. The flyer used for the project

5. Please email at least 5 high quality photographs to info@ccsmallgrants.org. Please save the file with a name that is reflective of the photograph.