

**FINAL KSRA FOUNDATION GRANT REPORT FORM**

**NAME OF ORGANIZATION** \_\_\_\_\_

**NAME AND TITLE  
OF PERSON REPORTING** \_\_\_\_\_

**CONTACT PHONE#** \_\_\_\_\_ **CONTACT EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**AMOUNT OF GRANT RECEIVED \$** \_\_\_\_\_

**DATE(S) OF ACTIVITY/EVENT** \_\_\_\_\_

**NUMBER OF ATTENDEES OR PARTICIPANTS** \_\_\_\_\_

**DESCRIPTION OF ACTIVITY OR EVENT** \_\_\_\_\_

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

**ASSESS THE SUCCESS OR FAILURE OF THIS ACTIVITY/EVENT** \_\_\_\_\_

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

**Suggestions for events/activities that may be worthy of future KSRA FOUNDATION support** \_\_\_\_\_

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

**Check Off:**

\_\_\_\_\_ **Digital pictures on CD enclosed**

\_\_\_\_\_ **Written article regarding the event, for publication in KSRA promotional materials, enclosed**

**\*Failure to submit a complete Final Grant Report will cause any future funding requests to be automatically rejected.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**