

FINAL KSRA 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 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