

Millbrae Community Foundation

P.O. Box 1612, Millbrae, CA 94030 millbraefoundation@gmail.com

Grant #_____ Final Report To be completed by recipients of Grant

Name of Organization _____

Title of Project _____

Project Description:

1. Briefly describe the project. What was done, when and where did the project take place and who were the beneficiaries?

2. How many members of your organization participated in the project?

- 3. What did they do? Please give at least two examples.
- 4. How many people benefited from this project?
- 5. What are the expected long-term community impacts of the project?
- 6. If a cooperating organization was involved, what was its role?



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Financial Report

7. Income

1. Millbrae Community Foundation Grant Funds Received		
2. Other Funding (specify)		
3.		
Total Project Income		

8. Expenditures (please be specific and add lines as needed)

1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total Project Expenditures		

9. By signing this report, I confirm that to the best of my knowledge these Millbrae Community Foundation Grant funds were spent only for eligible items in accordance with the approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures have been provided to the Millbrae Community Foundation.

Certifying Signature	Date
Print Name, title	
Organization name	

www.millbraefoundation.org