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**AUTISM EDUCATION FUND FINAL GRANT REPORT FORM**

Please complete and return **within 30 days** **of completion of the project but no later than** **March 31, 2024** to The Community Foundation, 541 Loyal Street, Danville, VA 24541.

**Reporting Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Purpose:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of Grant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Grant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Fiscal Report:** How were the funds expended? Please be as specific as possible by attaching a summary of expenses along with *copies of cancelled checks and receipts*. Any remaining or unaccounted for funds must be returned to the Community Foundation by March 31, 2024.
2. **Impact Statement:** Please describe the impact the Foundation's grant had on your program as well as the community as a whole. **Attach one additional sheet of paper explaining the impact of these funds. Be specific. Give examples.**

# **Photos:** If available, please send project or general photos of your organization. E-mail photos to traci@cfdrr.org, or mail a hard copy to The Foundation’s office.

Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_