

Grant Report

Name of Event			
Date of Event			
Place of Event			
Name/Title of Preparer			
A. Total Number	of Children		
1. Total Nu	mber of Boys		
2. Total Number of Girls			
B. Total Number	of Adults		
1. Total Nu	1. Total Number of Staff		
2. Total No	umber of Chaperones		
3. Total No	umber of Volunteers		
C. Total Funds S	pent		
1. Breakdo	wn of Funds Spent		
D. Total Funda III		ė	



E. Challenges Faced (Bad Weather, Disturbance, Ran Out of Food, etc.)		
F. What outreach or media activities took place relevant to this activitiy?		
G. How was the Foundation's Donation recognized?		



nt Start Date	Event Completion Date
escribe how this activit	y enhanced the youth and their development.
Provide three testimo	onials from the children.
1. Youth Testimonial	
2. Youth Testimonial	
3. Youth Testimonial	
Provide one testimon member.	ial of a staff member, chaperone or family
1. Adult Testimonia	ıl



ere there any discussions or lessons with	the children about the
ent that provide long-term academic, so	
On behalf of Grantee, I	(2.4.4.4.
	(Print Name)
by certify this agreement on Grantee's behalf. The i ant Report is true and correct. The undersigned is d	
Report to Gwen Cherry Park Foundation for	
(Signature)	(Date)
	(bale)
(orginalaro)	



Receipts

Receipts can be uploaded with or attached to Grant Report.

Please return your Grant Report to:

royceka@gwencherryparkfoundation.org

htehtsmithpa.com