

THIS FORM IS TO BE COMPLETED, SIGNED BY AUTHORIZED OFFICIAL OF ORGANIZATION, AND MAILED TO THE HYDE AND WATSON FOUNDATION AS SOON AS GRANT FUNDS ARE SPENT OR NO LATER THAN ONE YEAR FROM DATE OF RECEIPT OF GRANT CHECK

GRANT REPORT FORM

TO: Mrs. Brunilda Moriarty, President

GRANT ID # _____
(Refer to 7-digit number, lower left-hand corner of our transmittal letter)

Grantee/Legal Organization Name: _____

Address of Organization: _____

City: _____ State: _____ Telephone Number: _____

Name of Executive Officer or Contact Person: _____

Grant Amount Paid: _____ Year Approved: _____ Year Paid: _____

Restricted Grant Purpose: _____

I confirm that a grant in the amount stated above has been received by this organization. I further confirm that all the grant funds have been spent in accordance with the terms of the grant. The following is a financial breakdown and brief narrative on the use of the grant funds: Also included is a statement indicating what impact the grant had on this organization. (Add separate page to provide more detail, if necessary.)

This is a final grant report: _____ a partial grant report: _____ a progress update report: _____

(If not a final grant report, please state approximately when one can be expected by this Foundation.)

Signature of authorized official: _____

Title: _____ Date: _____