****

**GRANT REPORT FORM**

**(Please complete this form and enclose it with your next grant request.)**

|  |  |  |
| --- | --- | --- |
| Name of Organization: | | |
| Name of Program: | | |
| Contact Person/Title: | | |
| Telephone: | Fax: | Email: |
| Date Grant Received: | Amount of Grant: | Grant Period: |

1. **Major activities and accomplishments, during the grant period:**

**2.**  **Any problems or special concerns:**

**3. Significant results:**

**4. Specific use of funds received from ACC, during the grant period:**

100 23rd Ave S, Seattle, WA 98144 I (206) 328-5973 I acc@ccsww.org I www.advocacyandcaringforchildren.org

ACC/Grant Documents/Master funding Documents/grantreportform Revised 4/30/20