

Community Giving Grant Final Report



CHARTER OAK
CREDIT UNION

Deadline: Within six months of *Grant Award Notification*

Send Completed Reports To:
*Charter Oak Federal Credit Union
Community Giving Program
Attn: Community Giving Coordinator
1055 Hartford Turnpike
Waterford, CT 06385*

GRANTEE INFORMATION

Name:

Grant Amount: _____ Date Awarded: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Contact Phone #: _____

Email Address: _____

Website: _____

SUMMARY & STATISTICS

Name of Program/Project: _____

Type of Initiative (Check all that apply):

- | | | |
|------------------------|--|----------------|
| Education/Job Training | Health Program | Human Services |
| Housing | Community Development/Revitalization Project | Arts |

Total Number of People Who Benefited from the Program/Project: _____

EVALUATION

(Questions should be answered on a separate sheet of paper. Please, no more than three pages.)

- 1) Explain and analyze the reasons for successes and difficulties of this project or program. Consider reasons such as programming, planning, budgeting, timing, etc.
- 2) Do you think this program or project had an impact? What kind of long term change will it induce?

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- 3) Describe your promotion or publicity campaign. (Send a disc of pictures, sample of news releases, event invitations, etc.)
- 4) How was Charter Oak Federal Credit Union credited with support of this program or project? Please enclose copies of programs, publicity and/or promotional materials showing credit to Charter Oak Federal Credit Union.

ACTUAL IN-KIND CONTRIBUTIONS (NON-CASH)

List items and sources of non-cash contributions to the program, which was supported with Community Giving Program funds. (Free advertisement, brochures, photographer, volunteers, equipment, etc.)

Value	Source	Items/Services
\$		
\$		
\$		
\$		
\$		

Total In-Kind Contributions: \$_____

FINANCIAL REPORT

<i>Actual Cash Expenses</i>	<i>Applicant Organization</i>
Administrative Expenses	\$
Facility & Equipment Rental	\$
Postage & Telephone	\$
Professional Fees	\$
Publicity/Printing Expenses	\$
Supplies	\$
Other Expenses (Specify)	\$
Total Cash Expenses:	\$

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Actual Cash Revenue:

Applicant Cash	\$
Ticket Sales	\$
Individual Contributions	\$
Business Contributions (Specify Source Below)	\$

Public Funds:

Local Contributions (Specify Source Below)	\$
State Contributions	\$

<i>Community Giving Grant Amount:</i>	\$
<i>Total Cash Revenue:</i>	\$
<i>Total Cash Expenses From Above:</i>	\$

Total cash expenses & total cash revenue should equal same amount.

SIGNATURE OF AUTHORIZED OFFICIAL

I certify that the amounts reported here are correct, that they appear in the official records of this organization or in my personal files and that these records (which will be maintained for a period of not less than three years) are available for audit by the state and/or federal government.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____