

# Final Report due Feb. 20, 2019 - Macon County Community Funding Pool (CFP)

Answer all questions in the space provided; do not exceed two pages. Follow deadline/delivery instructions in footer.

Your organization's legal name: \_\_\_\_\_  
 Contact person's name / title: \_\_\_\_\_  
 Organization's mailing address: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_ Amount of CFP award \$ \_\_\_\_\_

**PARTICIPATION:** In this space describe who benefited from the CFP-funded program or service. How were special populations involved?

**PARTICIPATION STATISTICS:** (If you can't provide accurate counts, please use realistic estimates.)

NUMBER OF PEOPLE DIRECTLY INVOLVED

HOURS SPENT ON PROGRAM OR SERVICE

Paid staff, full time: \_\_\_\_\_ Total paid staff hours: \_\_\_\_\_  
 Paid staff, part time: \_\_\_\_\_ Volunteer hours: \_\_\_\_\_  
 Volunteers: \_\_\_\_\_ Total hours spent on project: \_\_\_\_\_  
 \*People benefiting (clients, audience, etc.): \_\_\_\_\_  
 Total number of people involved: \_\_\_\_\_

\*As accurately as possible, indicate the percentage of people benefiting who were:

Child (to age 16): \_\_\_\_\_ Young adult (17-24): \_\_\_\_\_ Adult (25-54): \_\_\_\_\_ Senior (55+): \_\_\_\_\_ Macon Co. resident: \_\_\_\_\_

**INCOME AND EXPENSE REPORT** - List all sources and applications of funds directly related to your CFP-funded program or service. Attach a more detailed report only to expand on information entered here.

<u>INCOME SOURCES</u>	<u>\$ Amount</u>	<u>EXPENSE CATAGORIES</u>	<u>\$ Amount</u>	<u>IN-KIND SOURCES</u>	<u>\$ Value</u>
Community Funding Pool					
<b>Total project income</b>		<b>Total project expense</b>		<b>Total in-kind</b>	

**ORGANIZATION'S 2018 TOTAL INCOME** \_\_\_\_\_ **ORGANIZATION'S 2018 TOTAL EXPENSE** \_\_\_\_\_

**CERTIFICATION** Two signatures are required. Authorizing official may be Board president, chairman, executive director, etc. We the undersigned certify that all information contained in this two-page report, attachments and supporting material is true, accurate and complete to the best of our knowledge, and that the expenditures are for the purposes set forth in the CFP application.

Project director's name / title: \_\_\_\_\_ \*Authorizing official's name / title: \_\_\_\_\_  
 Project director's signature: \_\_\_\_\_ Authorizing official's signature \_\_\_\_\_

Organization's name:

**NARRATIVE:** In this space evaluate the funded program or service, describing how you used CFP funds to meet a need in Macon County, how volunteers were involved, and how successful your effort was. Attach supporting documents only to expand on information entered here.

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*Deliver your completed two-page report on or before February 20 to the address or a drop-off site listed at bottom of first page, keeping a copy for your files. No cover letter is needed.*