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**GRANT REPORT FORM**

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

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| --- |
| 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