

## **Grant Final Report**

Due D	ate:						
Projec	t No		Nam	e of Projec	t:		
Organ	ization	:					
Amou	nt of G	rant fro	om Noi	rthland Fou	ndation:		
Projec	t Direc	tor/Co	ntact F	Person:			
Address of Contact Person:					Phone #:		
Email	Addres	s of C	ontact	Person:			
	•				ation with the information rec numbers for each box.)	quested below as it	
	TOTAL NUMBER OF PARTICIPANTS SERVED				TOTAL NUMBER OF COMMUNITIES SERVED	TOTAL NUMBER OF ORGANIZATIONS SERVED	
	CHILDREN & YOUTH			ADULTS	(Cities, Townships & Villages)		
	Ages	Ages	Ages	Ages			
	0-5	6-12	13-19	20+	<b>.</b>	<b>.</b>	
	#	#	#	#	#	#	
2. Ple	ase writ	e and	attach a	a brief descr	ription (1–3 paragraphs) of th	e project activities and outco	mes
					e (story) and any pictures you ton the project audience.	ou would like to share	
4. Hav	e all th	e grant	funds	been expen	ded? YES NO_		
_				•	t dollare not enent \$	maining dollars will be used fo	or

Email your application to grants@northlandfdn.org or mail to

Northland Foundation 202 W. Superior St., Suite 800 Duluth, Minnesota 55802