**SIOUXLAND RECOVERY FUND**

[**www.siouxlandrecoveryfund.com**](http://www.siouxlandrecoveryfund.com)

**Grant Report Form**

Use the TAB key to navigate and fill out Report Form on screen, then print completed form, or print blank form and fill out manually.

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| APPLICANT: (Name, address) | | | | | | FISCAL SPONSOR ORGANIZATION: (if applicable) | | | |
| CONTACT PERSON: | | | PHONE # OF CONTACT PERSON: | | | AMOUNT OF GRANT: | | | |
| SIOUXLAND RECOVERY FUND PRIORITY FOR WHICH GRANT FUNDS WERE EXPENDED: | | | | | | | | | |
|  | | 1. Assisting individuals and families | | | | | | | |
|  | | 2. Addressing systemic issues | | | | | | | |
|  | | 3. Rebuilding non-profit stability | | | | | | | |
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| **PLEASE PROVIDE THE FOLLOWING INFORMATION AND ATTACH TO THIS FORM.**  1. A detailed narrative about how the funds were spent (e.g. food, housing, health, and human services, staffing or infrastructure necessary to assist victims, etc.). Indicate number of households served as well as number of individuals served (if known).  2. A detailed financial report of expenditures. As part of this report you are not required to provide copies of receipts, invoices, timesheets, the names and addresses of individuals / families served, etc. However, such records must be maintained and available for audit purposes.  3. Sample stories about the people your organization helped with this grant. | | | | | | | | | |
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| **REPORT DUE DATE**: **Reports are due by whichever occurs first - within 30 days after expenditure of the awarded funds; OR prior to a request to replenish funds if needed.**  Reports should be sent to the address below. \*\*\* If all the funds have not been spent within 60 days, please call  for further instructions. | | | | | | | | | |
| CERTIFICATION: The funds were expended solely for the purpose(s) stated in the grant proposal. | | | | | | | | | |
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|  | Applicant – Top Paid Staff or Board Chair Signature/Title | | |  | Typed/Printed Name & Title | |  | Date |  |
|  |  | | |  |  | |  |  |  |
|  | Fiscal Sponsor Organization - Authorized Signature/Title  (if applicable) | | |  | Typed/Printed Name & Title | |  | Date |  |

*Return this form to:*

Siouxland Recovery Fund

Via email with SUBJECT LINE: SRF GRANT REPORT

to Heather Hennings at [hhennings@unitedwaysiouxland.com](mailto:hhennings@unitedwaysiouxland.com)