Samerian
FOUNDATION, INC.

Grant Accountability Report

Organization: _____

Date Grant Funded: _____

Original Grant Purpose: _____

Type of Report: ◯ **Interim** ◯ **Final**

How grant funds were used (brief description):

_____

_____

What was accomplished with this grant?

_____

_____

Describe who or what was impacted by the grant (demographics, how many, gender):

_____

_____

What county and township was most effected by the grant: _____

Did you encounter any unexpected challenges or benefits during the duration of the grant? (briefly describe)

_____

_____

On a scale one thru ten, what is your overall effectiveness rating of the grant?

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Lowest **Highest**

Signature_____

Today's Date: _____

Via: ◯ **Personal Visit** ◯ **Phone Call** ◯ **Mail** ◯ **Email** ◯ **Grantee**

Special Note:

_____

_____

Mail Report To: Samerian Foundation 9650 Commerce Dr., Ste 532 Carmel, IN 46032