

## Formula Grant Project Summary Report



Project Name:	
Subrecipient:	Project Number:
Award Amount: \$	Project Period:
Federal Funds Spent: \$	
Number of volunteers for the project	Total hours
1. Is this project continuing?	] No
2. How is it being funded? (Client fees, grants,	donation, etc.)
3. What was the assessed need for your progra	am, and to what extent did you meet the need(s)?
4. What were the strengths, accomplishments, and successful features of your program?	
5. Did you try anything innovative? If so, please explain.	

7. Other comments. (Attach additional sheets if necessary.)

Project Director's signature

Financial Officer's signature

Date

Date