

FINAL KSRA GRANT REPORT FORM

NAME OF ORGANIZATION _____

**NAME AND TITLE
OF PERSON REPORTING** _____

CONTACT PHONE# _____ **CONTACT EMAIL** _____

ADDRESS _____

CITY, STATE, ZIP _____

AMOUNT OF GRANT RECEIVED \$ _____

DATE(S) OF ACTIVITY/EVENT _____

NUMBER OF ATTENDEES OR PARTICIPANTS _____

DESCRIPTION OF ACTIVITY OR EVENT:

ASSESS THE SUCCESS OR FAILURE OF THIS ACTIVITY/EVENT:

Suggestions for events/activities that may be worthy of future KSRA support:

