

Friends of Slavic Village Small Grants Program Final Grant Report

Please submit fifteen (15) days after the completion of the project.

Organization Name: _____

Contact Name/Title: _____

Contact Number: _____

Email Address: _____

Project Information

\$ _____
Dollar amount awarded

Project Date(s)

1. How did this program/activity benefit Broadway Slavic Village?

2. How many people or households were served by the program/activity?

3. Total number of volunteers that helped with this project? _____

4. Were there any unexpected successes or problems?

5. Have you made any plans to continue the project or activity funded by the grant? If yes, please briefly describe these plans.

6. Would you do this project/activity again?

7. Please attach any photos taken or media received during/after the project.

Return to: Attn: Mike Geregach
Slavic Village Development
5620 Broadway Ave.
Cleveland, OH 44127
216-429-1182 x125