

Grant Activity Report Form

New___ Update___

Name of Project/Grant: _____

Name of Funder: _____

Type of Funder: State Corporate
 Federal County
 Foundation Other_____

Status: In Development
 Pending
 Funded
 Not Funded

Department: _____

Division: _____

Grant Contact Person: _____

Project Director: _____

Fiduciary

Non Fiduciary

Name of Funded Partner _____

MCC Share Requested _____

MCC Share Awarded _____

Date Submitted: _____ Duration: _____

Start Date: _____ End Date: _____

Total Amount Requested _____

Total Amount Awarded: _____

MCC Match _____

Potential Positions Funded _____

Non Monetary Benefits _____

Name: _____

Phone #: _____

Date: _____

Please return to Judith Cawhorn at CM1117