



Greater Lynchburg Community Foundation
1100 Commerce Street, Lynchburg, VA 24504 · (434) 845-6500 · Fax (434) 845-6530
www.lynchburgfoundation.org

Summary of Program Outcomes

Agency: _____

Dates of Project: Start Date ___/___/___ End Date ___/___/___

Name of Project: _____

Amount Awarded:\$ _____

List program goals:

Accomplishments of program:

List the direct benefits to clients:

Number of clients served by the program: _____

Briefly describe how the funds were directly utilized for the project.

Methods used to make the public aware of the grant and its impact:

COMPETITIVE CYCLE DURING WHICH THE GRANT WAS AWARDED: _____

Please complete and submit this report within one year of receiving your grant.

Completed reports may be sent to:
Cheryl Hall, chall@lynchburgfoundation.org