

friends  of kansas
LIBRARIES

ASSIST · SUPPORT · EDUCATE

CHALLENGE GRANT REPORT FORM

Name of organization: _____

Name of library: _____

Contact person: _____

Street address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Grant amount requested \$ _____

Grant amount received \$ _____

Beginning and ending date of the project _____

Briefly describe the activities or purchases that this grant supported. Please attach pictures and publicity, if possible.

Was the project successful? How did you evaluate that success?

Signature of the contact person _____

Date submitted _____

Final reports must be submitted by mail, fax or email to FoKL within two weeks of the conclusion of the project, or by February 1st of the next calendar year, whichever comes first.

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