



CHILDHOOD CANCER CAMPAIGN MATCHING GRANT FINAL REPORT

Report must be submitted within 30 days of the completion of the project. Receipts for project expenses must be submitted in order for the report to be reviewed.

Project Name _____

Sponsoring Optimist Club or District _____

Club/District number () () () () () Project Number () _____

Contact Person _____ Phone Number () _____

Address _____

City _____ State/Province _____ Postal Code _____

Number of Club or District members involved in project _____ Number of Individuals benefited _____

Date project completed From ____ / ____ / ____ To ____ / ____ / ____.

Estimated project hours: Optimist _____ Other _____

Why did your Optimist Club/District choose to do this Project? _____

State the goals of this project in 50 words or less: _____

Were Project goals met? _____

If goals were not met, why not? _____

What measuring tool was used to consider this project successful? _____

List all relevant publicity and promotions: _____

Outside organizations assisting or cooperating: _____

Community benefits: _____

Given your experience, what would you do differently if you were doing this Project again?: _____

Final Financial Statement

Income		
Club appropriations	\$
Outside donations	\$
Other	\$
Total	\$
Expenses		
	\$
	\$
	\$
	\$
	\$
Total	\$

