



## CHILDHOOD CANCER CAMPAIGN MATCHING GRANT FINAL REPORT

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: \_\_\_\_\_

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Outside organizations assisting or cooperating: \_\_\_\_\_

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Community benefits: \_\_\_\_\_

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

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## Final Financial Statement

<b>Income</b>		
Club appropriations	.....	\$
Outside donations	.....	\$
Other	.....	\$
<b>Total</b>	.....	\$
<b>Expenses</b>		
	.....	\$
	.....	\$
	.....	\$
	.....	\$
	.....	\$
<b>Total</b>	.....	\$

