



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: _____

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	\$

