



Childhood Cancer Campaign Matching Grant Final Report

Project Name: _____

Sponsoring Optimist Club or District: _____

Club/District Number: _____

Contact Person: _____

Mailing Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Phone: _____ E-mail: _____

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	\$ _____

Summary of major activities involved in planning and running the project:

Please include verification of how the raised funds were spent (receipts, copy of donation check, thank you letter, media coverage, etc) with the Final Report.

Send completed application to:
Optimist International, c/o CCC
4494 Lindell Blvd., St. Louis, MO 63108
Fax: (314) 371-6006 • ccc@optimist.org