Southeastern Indiana REMC Community Fund

Grant Evaluation Form

Date: _____

Organization: _____

Contact Name: _____ **Title:** _____

Phone Number: _____ **Grant Period:** _____

Award Amount: _____

- Describe the overall effect this grant has had on your organization.

- Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.

- Please provide a financial report on the use of your grant funds, including receipts for expenditures.

Mail completed form with financial report and receipts within 60 days or once funds are expended to:
Southeastern Indiana REMC Community Fund
c/o Southeastern Indiana REMC
PO Box 196, Osgood, Indiana 47037