



GLMS Foundation 6-Month Grant Report

ORGANIZATION INFORMATION

- » Organization Name: _____
- » Primary Contact Name: _____
- » Contact Email: _____
- » Contact Phone Number: _____

GRANT INFORMATION

- » Grant Amount Received: _____
- » Date of Grant Award: _____

PROJECT UPDATES

1. Budgetary Adjustments

Have there been any budgetary adjustments since the project started?

- Yes No

If yes, please provide details of the adjustments:

2. Project Accomplishments

Please list any project accomplishments during the last six months:

3. Community Impact

How has this project made a difference in the community?

4. Public Acknowledgement

Has the grant garnered any public acknowledgment?

Yes No

If yes, please attach any media files or provide relevant links below:

5. Upcoming Events

Are there any upcoming events where your project will be promoted?

Yes No

If yes, please provide event details:

6. Anecdotal Stories and Media

Provide any relevant anecdotal stories and/or images/videos from recent events.

Submission

Please submit this form along with any additional media files to kimberly.risinger@glms.org