



FORM

## Expenditure Responsibility Final Evaluation & Expenditure Report

CSA Name: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Return to South Dakota Community Foundation, PO Box 296, Pierre, SD 57501

### Grant Objectives

Were the goals described in the original grant application accomplished?

Yes

No

If no, why not?


### Grant Outcomes

Were there any unexpected outcomes?

Yes

No

If so, what were they?


