



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?

