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| --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | |
| Contact: |  | | Title: |  | |
| Phone: |  | | Email: |  | |
| Project Name: | |  | |  |  |
| Grant Funding Amount: | |  | | | |
| Project Completion Date: | |  | | | |

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| Describe how the funds were used to serve Douglas County residents. |
|  |
| Describe how the organization measured the success of the program/project. Provide qualitative and quantitative measures. |
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| Provide any changes or challenges to the original project plan and how it affected the project. |
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