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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. |
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| 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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