



# THE CALAIS FOUNDATION

*Making a Difference...One Child at a Time*

## Grant/Project Completion and Results Form

Grant # \_\_\_\_\_

(Please type or Print LEGIBLY)

\_\_\_\_\_  
Name of Organization or Project Awardee

\_\_\_\_\_  
Address of Organization or Project Awardee

\_\_\_\_\_  
Person responding if an Organization

(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Please describe the results of the grant or project (use additional pages if needed):

Was the project completed in the anticipated time frame? Yes\_\_\_\_; No\_\_\_\_;

Was the project completed within budget? Yes\_\_\_\_; No\_\_\_\_; Was the grant fully expended? Yes\_\_\_\_; No\_\_\_\_;  
(Provide completed project Budget including grant expenditures. Unexpended funds must be returned to the Foundation.)

Do you have any additional comments or suggestions for the Foundation:

\_\_\_\_\_  
Printed name of responder

\_\_\_\_\_  
Signature of responder

\_\_\_\_\_  
Date

**Attachments: Completed Project Budget \_\_\_\_; Copies of expenditure receipts not sent with the Interim Report (send all if no Interim Report was submitted); Copies of project flyers or media coverage.**

Please return completed Grant Completion and Results Form by mail to:  
(Faxes Not Accepted)

**The Calais Foundation  
P. O. Box 337  
Whippany, NJ 07981-0337**