



Financial Capability or Chapter Grant IMPACT Report Form

Title of Event or Program _____

Contact Name & Title _____

Credit Union, Chapter, or Organization Name _____

Mailing Address _____

City, State & Zip _____

Phone _____ E-mail _____

Please explain in detail below. All grants require this completed Grant IMPACT Report Form to receive expense reimbursement. If grant funds are disbursed prior to the completion of the grant project, this form must be submitted within 60 days upon completion of the project. Please use additional pages if necessary.

Describe your project/program/training and your successes, including:

Whom did you reach in your community or chapter, and how many people benefitted from this program or training?

If a financial capability initiative, what age group(s) did you reach?

What resources did you use (curriculum, books, programs, etc.), or provide name of speakers and topic?

Will this program or training be continued or repeated? Describe the future vision of this initiative.

Did you partner with any other credit union, organization, or school? If yes, please list their contact information and describe the partnership.

How did this grant impact YOUR Overall Goals, YOUR Professional Growth, and YOUR Community or Membership?

*** Please attach all marketing collateral, supporting documents, website references, press releases, and other information pertinent to this grant.*

Check here if permission is granted for the Foundation to use this feedback in form of quotes.