



TOWN OF
HILLSBOROUGH
NORTH CAROLINA

Nonprofit Partnership Report Template

Applicant Information	
Organization Name:	
Contact Person Name and Title:	
Contact Person Email:	Contact Person Phone:

Project Information
Funded Project Name:
Amount of Town Funding: \$
Grant Period:
Overview of the Funded Project/Program:

Project Impact
Estimated number of town residents the project served:
Please describe how the number of residents served by the project was estimated:
For metrics that were included in the funding request, please update with final outcomes:

Project Reflection
What was the organization able to accomplish with the town funding?

Who benefited or was served by this funding?

What were some important outcomes or highlights of the project or program?

Final Project Budget versus Actuals Comparisons

Item	Budgeted Costs*	Actual Costs
<i>Ex. Supplies for small business workshop</i>	<i>\$200</i>	<i>\$175</i>

***Note:** Budgeted costs should align with the itemized costs outlined in the funding application.

Additional Comments or Feedback (Optional)

Is there anything else you'd like us to know or any feedback you'd like to share about the process?

Signatures

I hereby certify that the information contained in this report is true and accurate to the best of my knowledge. I understand that providing false or misleading information may disqualify this organization from receiving future funding from the Town of Hillsborough.

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Signature:

Date:

Printed Name and Title: