



THE COMMUNITY FOUNDATION  
*of Muncie & Delaware County, Inc.*

**MAXON FUND POSTGRANT REPORT**

INTERNAL REVENUE SERVICE REGULATIONS REQUIRE FOUNDATIONS TO HAVE  
THIS COMPLETED FORM ON FILE.

Date of this report \_\_\_\_\_ Date grant awarded \_\_\_\_\_

Name of organization \_\_\_\_\_

Officer making report \_\_\_\_\_

Grant purpose \_\_\_\_\_

Amount of grant awarded \_\_\_\_\_

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1. Detail the project objectives achieved per the proposal outline.
2. Evaluate the success or failure of the funded project.
3. Attach detailed project budget including how Foundation funds were used as outlined in the grant proposal. Include other sources and amounts of funding, such as donations, fees, other grants and in-kind contributions, used to complete your project.
4. Attach copies of receipts.
5. Provide suggestions for improvement of the grant application process.

*Please complete each item on this form. Use reverse side or additional sheet if needed.*