

THE SEYBERT INSTITUTION

Post Office Box 540, Plymouth Meeting, PA 19462 • Phone: (610) 828-8145 • Fax: (610) 834-8175

SUMMER CAMP PROGRAM GRANT REPORT FORM

Your grant report is December 31, 2008. It should not exceed four (4) pages. Please attach this sheet to your report.

Organization: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Date grant was received (month and year): _____

Purpose of grant or project name: _____

Amount awarded: \$ _____

Briefly report on the following. A paragraph on each topic should be sufficient.

❖ Program

1. How many campers did you expect to serve? How many did you serve?
2. List activities and special events
3. Did the program live up to your expectations? Please explain.
4. What did you learn from the camp program? Include examples of successes and shortcomings and explain how these will affect future camp programs.

❖ Finances

1. Program budget: \$ _____ Amount raised: \$ _____
If amount raised was less than goal, explain how you revised the program.
2. Unspent balance of grant, if any: \$ _____
If the entire grant was not spent, you may request permission to use the balance for other charitable purposes.
3. Attach financial statement for the program including all income and expenses.
See attached form

I certify that this grant was used solely for the purpose designated and that it was used solely to benefit disadvantaged young people who are residents of the city of Philadelphia.

Name & Title _____ Date: _____