

The Charles and Salome Reymann Foundation

P.O. Box 13441, Fairlawn, Ohio, 44334

GRANT AWARD FORM

Instructions: This form should be returned to the Foundation within thirty (30) days of activity/project completion. **Attach all project marketing/promotional materials, including pictures and releases.** Please return to the Reymann Foundation at Reymann.Foundation1967@gmail.com, or by mailing to The Charles and Salome Reymann Foundation at P.O. Box 13441, Fairlawn, Ohio, 44334.

Organization	
Organization	
Amount of funds granted	\$
Acknowledgement	
On behalf of the above-named organization, I hereby acknowledge receipt of funds granted from The Charles and Salome Reymann Foundation (the "Foundation") for the ____ fiscal year and confirm that the above funds were used for the purpose set forth below.	
Signature	/s/ _____ Printed Name:
Title	
Date	
Project Results	
Briefly describe the activity/project for which funds were utilized. Include any changes made from your approved application and explain:	
What were the goals and objectives of your project/activity and how did you measure them? Did you meet your goals and objectives?	
What were your results? Did you meet your goals and objectives and what were some benefits or changes the participants experienced from the activity/program?	
Other Comments:	

For Office Use Only:
Date Received:
By: