



THIS FORM IS TO BE COMPLETED AND EMAILED TO INFO@HYDEANDWATSON.ORG AS SOON AS GRANT FUNDS ARE SPENT OR NO LATER THAN ONE YEAR FROM DATE OF RECEIPT OF GRANT.

GRANT REPORT FORM

TO: Mrs. Brunilda Moriarty, President

GRANT ID # _____
(Refer to 7-digit number, lower left-hand corner of our transmittal letter)

Grantee/Legal Organization Name: _____

Name of Authorized Official: _____

Address of Organization: _____

City: _____ State: _____ Telephone Number: _____

Name of Executive Director or Contact Person: _____

Grant Amount Paid: _____ Year Approved: _____ Year Paid: _____

Restricted Grant Purpose: _____

- ☐ I confirm that all the grant funds have been spent in accordance with the terms of the grant. The following is a financial breakdown and brief narrative on the use of the grant funds: Also included is a statement indicating what impact the grant had on this organization. (Add separate page to provide more detail, if necessary.)

This is a final grant report: _____ a partial grant report: _____ a progress update report: _____

(If not a final grant report, please state approximately when one can be expected by this Foundation.)

Name of authorized official: _____

Title: _____ Date: _____

The Hyde and Watson Foundation 31-F Mountain Boulevard Warren, NJ 07059 Tel. (908) 753-3700