Dr. John Wm. and Betty Long Unruh Fund

Grant Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name |  | | | | |
| Contact Person / Title |  | | | | |
| Address |  | | | | |
| Phone / E-mail Address |  | | | | |
| Grant Amount | $ | Date Received |  | Grant ID# |  |
| Grant Purpose |  | | | | |
| **In 300 words or less, please share how your organization used these grant dollars. The information you provide will be reviewed by Foundation staff and may be shared with fund advisors.** | | | | | |
|  | | | | | |
| Signature / Title |  | | | | |
| Date |  | | | | |
| **Attach a copy of the original project budget with actual revenue and expenditures to date.**  **Please e-mail this completed form and budget attachment to** unruhfund@oregoncf.org | | | | | |