

# Oxford Area Foundation Grant Report Cover Sheet

Organization Name: \_\_\_\_\_

Executive Director/Contact Person: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date Grant Was Received: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Grant Period: \_\_\_\_\_

Project/Program Name (if applicable): \_\_\_\_\_

Type of Grant Received: (please check one)

Capital

General Operating

Program/Project

Seed

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director/Contact

\_\_\_\_\_  
Date