



AGENCY REPORT FORM

Reports are due March 15, 2017 and September 15, 2017

Date _____

Grant Number:

Agency Name:

Amount Awarded \$ _____

Amount Spent to date \$ _____

Amount Remaining \$ _____

Will the remaining amount be spent? (Check one) yes no

If you answered no, please explain _____

Projected completion date _____

What is the grant accomplishing? _____

Number of children with special needs projected to be helped in grant application:

Actual number of children helped: Kentucky _____ Indiana _____
Kentucky _____ Indiana _____

Signed _____ Title _____

Email address _____

Send to: Attn: Agency Report Form OR Fax to: (502) 582-7712
WHAS Crusade for Children
520 W. Chestnut St.
Louisville, KY 40202