

R.J. McELROY TRUST
ANNUAL REPORT

PLEASE RETURN THIS COMPLETED FORM TO:

R. J. McElroy Trust
425 Cedar Street, Suite 312
Waterloo, IA 50701

REPORT MUST BE RETURNED BY:

Or email this form as an attachment to:
Sharon@mcelroytrust.org

ORGANIZATION:

PROJECT:

ADMINISTRATOR OF GRANT:

AMOUNT RECEIVED:

DATE RECEIVED:

NUMBER OF YOUNG PEOPLE SERVED:

GRANT ID#:

ITEMIZE HOW THE FUNDS WERE SPENT:

OBJECTIVES ACCOMPLISHED BY THE PROJECT:

DID YOU CARRY OUT EACH PROJECT ACTIVITY AS PLANNED IN THE PROPOSAL?

IF NOT, WHY NOT?

BENEFITS DERIVED BY THE PROJECT: (in concrete terms, list the results of the project)

DESCRIBE ANY UNANTICIPATED BENEFITS OR PROBLEMS WITH THE PROJECT:

WHAT CHANGES WOULD YOU MAKE IF YOU WERE TO DO THIS PROJECT AGAIN:

IF IT IS DESIRABLE FOR THE SERVICES TO CONTINUE, WHAT PLANS AND PROVISIONS HAVE BEEN MADE FOR CONTINUATION:

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTIONS, PLEASE ATTACH ADDITIONAL PAGE.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL STACY VAN GORP AT 319-287-9102.

SIGNED _____

DATE