

**THE THOMAS C. AND SANDRA SULLIVAN FOUNDATION  
PROJECT GRANT REPORT  
2018-2019**

**You may retype the questions and responses and submit. Report is due by October 15, 2019, or 30 days after project completion, whichever occurs first.**

**Organization:** \_\_\_\_\_

**Grant Purpose:** \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- 1. What were the specific benefits of this grant? What effect has this grant had on the organization and those who benefited?**

