



Report Date:

COVID-19 Emergency Response Funding Grantee Final Report

Amount Rec'vd:

Award Date:

Grantee Organization Name:

Contact Person & Job Title:

Contact Email Address:

Contact Phone No.:

EIN:

This report is due when grant monies have been spent but no later than one year after award.

NARRATIVE. Please type your brief responses to these four questions in the spaces provided.

1. How many people were served, supported, or directly benefitted from the funding received?
Describe the demographic and use approximate or actual numbers.

2. Provide a short summary of services provided and challenges faced in the delivery of services.

3. What is the greatest challenge or need due to COVID impact facing your community at this time?

4. Did your organization regrant any of the funding received? If yes, please list grantees.

Return this completed report form to SCF as an email attachment to:
Valerie Rogers, Grants & Programs Manager
grants@solanocf.org.

Questions?
707-399-3846

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