



PROJECT COMPLETION FORM

9300 Lahring Rd. • Gaines, MI 48463
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Project Title: _____ Today's Date: _____

Summarize Project Accomplishments:

Submitted by: _____ Daytime Phone: _____

Organization: _____ Cell Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Project Completion Date: _____ Age(s) of participants: _____

Characteristics of the Audience: (families, women, at risk youth, physically challenged, etc.): _____

Geographic area that audience drew from: _____

Was there any media or press coverage? Yes No (Attach copies if possible)

How was the PATH Foundation recognized? _____

BUDGET: SPECIFICALLY DESCRIBE HOW PATH FUNDS WERE USED; TYPE OF EQUIPMENT, MATERIALS, SUPPLIES, ETC.

BUDGET ITEM	AMOUNT OF PATH DOLLARS

Photographs: Visuals are critical to effectively communicating project accomplishments.

AFTER COMPLETING THIS FORM, PLEASE MAIL TO:
The PATH Foundation • 9300 Lahring Road • Gaines, MI 48463