



SAINT PAUL POLICE FOUNDATION
Quarterly Report for Receipt of Grant Money

Please complete this form and send one paper copy and one electronic copy via e-mail to Amy Brown.
If you have any questions, please feel free to call Amy Brown at 651-266-5507.

DATE: _____

NAME OF PERSON SUBMITTING REPORT: _____

PROJECT NAME: _____

GRANT AUDIT NUMBER: _____

Briefly outline the original goals and objectives, as stated in your original proposal.

What progress have you made toward your original goals and objectives?

What activities led to meeting these goals?

Saint Paul Police Foundation

327 York Ave.

Saint Paul, MN 55130

(651) 291-1119 Fax (952) 941-5478

sppf@comcast.net www.saintpaulpolicefoundation.com

The Saint Paul Police Foundation is a 501(c)(3) organization

Describe the numbers and demographics, e.g. race/ethnicity, gender or geographic location of population served (if applicable).

What was learned as a result of this grant?

Will you make any changes as a result of what you learned?

If program/project grant, what are your plans for sustaining the program or project?

Do you have plans to share the results or findings? _____ Yes _____ No

If yes, how will you share the results or findings?

Financials

Attach expense statement for this reporting period. Include original budget.

If necessary, include a narrative for expenses.

Commanding Officer _____
(signed and dated)

Chief of Police _____
(signed and dated)