

ELKS NATIONAL VETERANS SERVICE COMMISSION 2016-17 FREEDOM GRANT FINAL REPORT FORM

Directions: To be eligible for future grants, Lodges must complete and mail this form along with copies of itemized receipts for all grant expenses to the Elks National Foundation no later than August 31, 2017. All sections of this two-page form must be completed. If you prefer to type this report, download an editable pdf at enf.elks.org/FreedomGrant.

Keep a copy of the completed form and copies of receipts for your ladge records. Mail completed form and itemized receipts to

Elks National Foundation,	Attn. Programs Department, 2750 N. Lakeview Average Grants@elks.org or call 773/755-4730.	·	
LODGE INFORMATION			
Lodge Name	State	Lodge No	
PROJECT MANAGER CON	NTACT INFORMATION (Please note any changes)		
Name	Phone Number		
Email Address	Phone Number(2)		
GRANT PROJECT LOGIST	ics		
Date(s) of Use	N	lumber of Elks involved	
Total number of veterans serve	dActive duty military served	_Military families served	
Number of Elks hours spent	tTotal Dollars Spent		
EXPENSES			
objective of the grant. If the Lo Lodges may not donate remai	nt. If the Lodge has funds remaining after the project, contact the CIP Office. nate remaining grant funds. Description Total		
Date	Description	Total	
	Count Total		
	Grand Total		
PUBLICITY			
1. Did the Lodge receive any	publicity? Yes (If yes, please attach materials or emo	ail link to LodgeGrants@elks.org) 🔲 No	
2. Did the Lodge use social m	nedia to publicize the grant project? 🗖 Facebook 🗖	Twitter 🗖 Instagram 📮 Other 📮 No	
3. Did the Lodge gain any members because of the project? Yes If yes, how many? No			
4. Did the Lodge take photos	? Please attach photos via CD or flash drive. Or, email ph	notos to LodgeGrants@elks.org.	

Photos, newspaper coverage, or promotional materials submitted may be used for Lodge highlights in ENF publications or online. By including photographs, the Lodge certifies that it has the permission of the subjects to use and reproduce their name and/or likeness and to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks National Foundation.

PROJECT DESCRIPTION	
Please describe your Lodge's grant activity.	
Grant projects serving veterans must focus on one of the five areas of incre	
tary families, health, educational support. Which area of need did this pro	pject focus on?
PLANNING AND ACTIVITIES	
Please explain how Elks were involved.	
FEEDBACK AND EVALUATION	
What were the project's successes?	
How did the Lodge react to the project? What feedback did you receive f	rom Lodge members and the community?
Thow and the Loage react to the project? What reedback and you receive t	Tom Loage members and me commonly?
REQUIRED SIGNATURES	
Sign and date below to verify that the information provided is correct.	
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I hereby certify that the above claim is correct and legally chargeable to	the Flks National Foundation
Thereby certify that the above claim is correct and legally chargeable to	ine Liks National Foundation.
Clauratura	Data
Signature:	_ Date:
Project Manager	
Signature:	_ Date:
Exalted Ruler (If the same as Project Manager, Secretary should	sign.)