



Marks Family FOUNDATION

Grant Progress Report

Date Due: _____

Date Submitted: _____

Organization: _____

Project Name: _____

Contact Person: _____

Address: _____

Telephone, Fax, and e-Mail: _____

Amount of Grant Awarded: _____

Date Grant Received: _____

Award Period: _____

Progress: Please list all original objectives proposed and what activities your organization has conducted so far to meet each objective.

