Altrusa International Foundation, Inc. International PROJECT Grant Program Follow-Up

(Please type or print)

Alt	rusa International of	, Inc.
Pr	oject Name	
Name of Member (submitting form)Title		Title
Ac	ddress	
Cit	ty, State, Country, Postal Code	
Telephone (B)		(H)
E-	mail	
Da	ate of Grant	
<u>Sc</u>	ources of Funding:	
lf d	other funding available, please state:	
Oı	n a separate sheet of paper, provide a brief para	agraph for each section below:
1.	Indicate how funds were obtained for program (Indicate fundraising events, support by Altrus	
2.	Explain how the program was conducted. (Include to what degree Altrusans participate what other individuals/agencies were involved	ed; how much personal service they provided; , and to what degree)
3.	Explain how the program was evaluated.	
4.	Describe any recognition your Altrusa Club or project has received. (You may wish to attach copies of documents or pictures)	
	Signature of Member Completing Form	Title
	Date	
Please return completed Follow-up form to:		Altrusa International Foundation, Inc. One North LaSalle Street, Suite 1955 Chicago, IL 60602 Phone: 312-427-4410; Fax: 312-789-4416

E-mail: foundation@altrusa.org