

# Women's Cooperative Initiative Grant Report Form

Due December 28, 2018

Local/County: \_\_\_\_\_ District: (Please check one) NE SE NW SW

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Give a brief summary of the project results and how did you promote the AFR Women's Cooperative:

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List how grant funds were used and any matching funds used for project:

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What did you learn and what would you do differently in the future:

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● **Please attach at least one photo for use by the AFR Women's Cooperative program for promotion and recognition. You are welcome to include any additional supporting documents such as receipts, advertisements and press coverage from event.**