**Albert and Ethel Herzstein Charitable Foundation**

**Grant Final Report**

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| --- |
| Organization Name: |
| Address: |
| Phone: |
| Contact Name & Title: |
| Grant Amount: $       Date of Grant: |
| Purpose of Grant: |
| Outcomes of this Grant (Please Include both Quantitative and Qualitative Data): |
| Please Summarize the Above Results (75 words or less): |

Contact Signature Date