

THE CHRISTOPHER LUDWICK FOUNDATION

P.O. BOX 1313
16 NORTH BRYN MAWR AVENUE
BRYN MAWR, PA 19010

GRANT AWARD PROGRESS REPORT

IN ORDER TO BE CONSIDERED FOR FUTURE FUNDING, YOU MUST COMPLETE AND RETURN THIS FORM ON PAPER TO THE ABOVE ADDRESS BY JANUARY 16, 2024

GRANT AWARD PERIOD: 2023-2024

ORGANIZATION NAME: _____

ADDRESS: _____

PRIMARY CONTACT: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

Briefly describe how the grant your organization received from The Christopher Ludwick Foundation helped your organization accomplish the objectives of the funded project and describe the successes of the project. _____

[illegible]

Signature/Title

Date _____

If needed, you may attach additional pages. In any case, this form must be submitted. Thank you.