

# MARIN CHARITABLE ASSOCIATION - PROGRESS REPORT

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_)\_\_\_\_; EMAIL: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Grant Amount: \$\_\_\_\_\_ Number of kids served by this grant: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

Please briefly describe how the children are benefitting directly from this grant, and tell us how your program is progressing. You may submit one page attached to this, if necessary.

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Signature

Title

Date

Please return completed form by June 30 , 2010 to:  
Marin Charitable Association, Grants  
P.O. Box 759  
Ross, CALIFORNIA 94957

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