

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 14, 2025

GRANT AWARD PERIOD: 2024-2025

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. _____

Signature/Title

Date