



Grant Reporting Form

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| Organization information: |
| Name of organization: |
| Contact name: |
| Contact title: |
| Phone: |
| Email: |

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| Grant information: |
| What fundraising goal has your organization reached?* 50%
* 100%
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| Describe your biggest obstacle(s): |
| Please list any additional information you would like ECGRA to know: |

Submit the Grant Reporting Form to:

Diane Kuvshinikov

Erie County Gaming Revenue Authority

5240 Knowledge Parkway

Erie, PA 16510

dianek@ecgra.org

*For assistance call: (814) 897-2690*