



**2009 Newborn Hope Grant Recipient
Final Report**

Organization Name: _____

Address: _____

Contact Person: _____

Phone: _____

E-Mail Address: _____

Amount Awarded: \$ _____ **Amount Used to Date:** \$ _____

Briefly describe how funds have been used to date:

Briefly describe alternate plans for remaining funds:

Funds not expended for the proposed projects by 12/31/2010 are to be reported to NEWBORN HOPE, Inc.. These funds must be returned unless a written request for an alternate plan is submitted to and approved by the Corporate Board.

Return Completed Form to Newborn Hope
Fax: 719-667-0131
Email: Admin@NewbornHope.org
Mail: PO Box 2515 Colorado Springs CO 80901