



# South Carolina Council on the Holocaust

## Mini-Grant Project Completion Report *(Submit within 30 days of your project being completed)*

Organization Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of mini-grant: \_\_\_\_\_

What were the goals of your project when your organization submitted an application for funding?

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How were the mini-grant funds used? Please provide specific budget information (you may attach additional pages if necessary).

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Was your project or program successful? Please share a story about your program and its impact on participants:

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# South Carolina Council on the Holocaust

Is there anything you would do in the future to change/improve the outcome of your project?

(Your response will help us and future applicants consider how best to use funds)

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**Please include a copy of any publicity materials for your program, or any information that you think would be helpful to the Council.**

**Email application to:**

Eileen Chepenik at [schepenik@aol.com](mailto:schepenik@aol.com)

Or mail to Eileen Chepenik at 11 Buckingham Drive, Charleston, SC 29407