



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?

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

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



**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)**

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

Thank you for completing this form. Please send electronically (plus relevant attachments) to:

Paul W. Garfinkel

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(843) 364-0177