Wadsworth Golf Charities Foundation

Grant Recipient Responsibility Report
Activities – Programs – Facility Construction

Organization Name_____
Contact Name/Title_____
Address_____ Telephone_____
State & Zip_____
Grant received $_____Date received_____

1. Describe the participants in your Programs - Age range - Gender - Ethnic Breakdown - Disabilities - and other information you think will help us understand more about you participants.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. How many participants in a normal program cycle?

3. How many programs or cycles do you hold each year?

4. What is your best estimate of the participants that continue with recreational golf after the introductory program is completed or how has the exposure to golf of your participants enhanced their lives?

5. Tell us about your outstanding success stories (2 or 3) with your participants.

You may attach one additional page if needed to tell your story and other information, which will help us understand your programs and projects.