Please complete this report at the six-month mark of the grant period and send it by email with requested attachments to Meghan Maceiko at mmaceiko@cfncm.org.

Use as much space as you need under each section. Don’t restrict yourself to the area on the page.

Thank you for taking the time to respond to our inquiries. Your assistance in helping us assess the effectiveness of our grantmaking is appreciated.

If you have any questions, please contact Meghan Maceiko at mmaceiko@cfncm.org.

ORGANIZATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT/PROGRAM NAME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWARD DATE/ISSUE CHECK DATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT AMOUNT:

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DATE GRANT REPORT COMPLETED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT/PROGRAM OVERVIEW**

Please give a brief overview of the project/program (perhaps from your grant application).

**PROJECT/PROGRAM STATUS**

Please describe the status of the funded project/program to date, including if the project/program is progressing on schedule. If the activities funded by this grant have not been completed in the anticipated timeframe, please include the estimated completion date and reason for the delay.

*(If you need more space, add it here)*

**OUTCOMES**

Has this project/program obtained the anticipated outcomes listed in your original grant application? If not, please explain. Please list the proposed outcomes from your grant request and include an update for each one***. (Add additional rows if needed.)***

|  |  |
| --- | --- |
| PROPOSED OUTCOMES AS LISTED ON GRANT APPLICATION | CURRENT STATUS OF PROPOSED OUTCOMES |
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|  |  |
|  |  |
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|  |  |

**UNANTICIPATED SUCCESSES/CHALLENGES**

Have you encountered any unexpected successes, challenges, or outcomes? If so, how did you address them? Please explain.

**PROJECT BUDGET**

Has any aspect of your original budget changed? If yes, please explain.

**PROJECT EXPENDITURES**

What portion of Community Foundation grant dollars has been expended to date, and for what purposes? Please summarize expenditures by category as shown in your original proposal budget. Do you anticipate any budget shortfalls or surpluses? If so, please explain. Please note the estimated completion date if all funds have not yet been expended. ***(Add additional rows if needed.)***

|  |
| --- |
| Approved Grant Budget |
| **Item** | **Proposed Amount** | **Actual Amount** |
| **Total** |   |   |
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**PUBLICITY**

Please describe how you have publicized this grant and attach copies of the newspaper articles, agency newsletters, social media posts, website postings, blog postings, etc., where this grant was recognized.

**EXPERIENCE STORIES**

In addition to measuring the outcomes of the funded project/program, we are interested in how our grants directly improve the lives of people in our community. Please share one or more stories or quotes that demonstrate how this project has made a difference in the lives of the people your project/program serves.

**ADDITIONAL INFORMATION**

Please add any additional information that is important for us to know about this grant, your organization, and its capacity to execute this grant and the project/program funded.

**PHOTOS/VIDEOS**

Please attach two or three high-resolution photographs with descriptions and/or a 30-60-second selfie video (shot in horizontal orientation) that we can use to publicize your project/program and organization.

|  |
| --- |
| **CERTIFICATION** |
| I certify to the best of my knowledge and belief that this report is valid in all respects and that all disbursements have been made for the purpose and conditions of the grant. | Authorized Certifying Official | Signature | Date  |