

GRANT REPORT FORM

return this report by	turned with the Grant Report Narrativ (date to be filled in by the fund can be considered until this report ha	der). No further grant				
Name of organization reporting: (Should be the same as on IRS Form	990 if applicable)					
Dates covered by this grant from	to					
Executive Director/Chapter Presid	ent:					
Phone	E-mail	Fax				
Contact person (If different from Executive Director)						
Phone	E-mail	Fax				
Mailing Address						
City	State	Zip				
Project/Program Name						
Grant Amount	Grant I.D. No. (if applicable)					
Purpose of Grant						
· ·	, -					
I hereby certify that the above a	and attached statements are true an	d accurate.				
Grant Amount Grant I.D. No. (if applicable)						

I. NARRATIVE (maximum of 4 pages, exclusive of attachments)

A. Results/Outcomes

- 1. Please describe the progress made toward the stated goals and objectives related to this specific grant. (Please include those stated goals and objectives in your response.)
- 2. What difference did this grant make in your community or neighborhood and for the population you are serving? Please discuss evidence of effect (e.g., numbers served, demographic information, client satisfaction survey results, pre- and post-test results, community indicators, outcomes, etc.). Note: you have evaluation materials that document outcomes and impacts of your work, feel free to attach in lieu of answering this or other questions.
- 3. Were there any unanticipated results, either positive or negative, that you have not already described in A2 above? If yes, please describe the implications.
- 4. Describe collaborations, if any, related to the work funded by this grant and how it impacted your efforts.

B. Lessons Learned

- 1. Describe what you learned based on the results/outcomes you reported in Section A above and what, if any, programmatic or organizational changes you will make based on your results/outcomes.
- 2. Did external or environmental factors (e.g., a flood, an economic downturn, a partner organization stopped providing services, etc.) affect the achievement of your program or organizational goals or the anticipated timeline? If yes, what did you do to address these issues?

C. Future Plans

1. If you will be continuing this program, what are the plans for sustaining or expanding the program, including a future-funding plan? (For a general operating grant, please answer in terms of the organization.) If discontinuing the program, what factors led to this decision?

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- 2. If you have identified areas where increased collaboration between organizations or sectors would lead to increased positive outcomes for your constituents, briefly describe your ideas.
- 3. What plans do you have to communicate your outcomes and lessons learned with others?

D. Tables

Table of Summary of Funded Group Activities or Services

Type of Activities or Services	# of Activities	# of Participants	Explanation of Notes

Table of Summary of Participants in Group Services

Type of Participant	Total	Afr/ Amer Black	Latino	Asian Amer or Pacific	Native Amer	Multi- racial	White	Other	Unknown

E. Other Comments

1. Please share with us any recommendations you have for our grantmaking or reporting process.

II. FINANCIALS

- 1. Please submit your organization's financial statements (Balance Sheet and Income & Expense Statement) for the year(s) in which the grant was used. Please explain any significant changes in your financial position.
- 2. If reporting on a *specific project/program*, please also provide income and expenditure information compared to the approved budget for that project or program. If there are any major variances, please explain.