

Citrus County Community Charitable Foundation, Inc.

Special Category Grant Report Form

Use only this form or format for your reports

Check One: 6-Months Report, (Submit this cover sheet, questions 1– 3, and attachments)
 Year (Final) Report, (Submit this cover sheet, questions 4 – 8 and attachments)

Title of funding request: _____ Date: ____ / ____ / ____

Legal name of organization: _____

Grant administrator: _____ EIN# _____

Address: _____

Phone: _____ Email: _____

Contact person: _____ Title: _____

Grant amount: _____ Grant year: _____

Category/s (circle one or more): Food Hygiene Items Medications Infant Care

Reporting period: ____ / ____ / ____ to ____ / ____ / ____

Complete the section above, and questions 1 – 3 for your 6-month Report. Your Year (Final) Report, does not require questions 1 – 3, only the section above and questions 4 – 8. Include the additional attachments at the bottom with every report (unless indicated) and nothing extra.

Provide an expense report indicating how the grant award was used. If this is a 6-month Report, please indicate expenses to date.

Respond to each of the following questions in the exact order using up to three (3) pages in total if needed (not including the cover page above). Your responses should focus specifically on what was accomplished with the Special Category Grant funds and how it affected your clients or target group and benefitted the community.

1. List up to five accomplishments you were able to fulfill utilizing the Special Category Grant funding.
2. Describe any setbacks encountered during this period of your Special Category Grant funding. How did these setbacks impact your program? How were these setbacks addressed or resolved?
3. What were the unexpected results or key learnings you will now plan for in the future?
4. Referring to the reasons described in your Special Category Grant request (or any revisions submitted subsequent to the grant award) for funding, please indicate the following:
How many (or how many more) clients were you able to serve as a result of this Special Category Grant funding? Describe the methods of measuring what was achieved with the funding?

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5. Who else has funded or supported your program (or your organization), and at what level during this time period? If the total proposed budget amount was not raised or supported, indicate if your program was altered in any way.
6. If your program involved collaboration (partnering) with other organizations, please comment on their effect upon the program.
7. What steps are being made to ensure the sustainability (continuation) of your program beyond this Special Category Grant period?
8. Explain how, through this Special Category Grant funding, your program impacted the health or resolved a medically related issue for the Citrus County community.

Email one (1) of each of these as additional attachments for the two reports (unless indicated). These attachments are required in order for the report to be considered complete:

____ Two promotional/dissemination/informational materials (i.e. brochure, flyer, ad, or news clippings (with the CCCCf, Inc. logo or name). At least one item attached to the 6-month Report, and a second item attached to the Year (Final) Report.

____ Two required press releases. One required for the 6-month Report, a second required for the Year (Final) Report.

____ List of current Board of Directors

____ Most recent audit, account review, or end of year financial statement (email only one) and a copy of either your filed 990, 990N, or 990EZ showing expenditures associated with this grant for the Year (Final) Report. (All paid invoices and receipts for this grant must be held for three (3) years in case of an audit).

____ Proof of compliance with Section 5, a – i, from your signed CCCCf, Inc. Grant Agreement.

All Reports must be submitted via email to ccccf2015@aol.com by 5pm on or no more than 14 (fourteen) days before their due date.