

Citrus County Community Charitable Foundation, Inc.

**Grant Report Form**

*Use only this form or format for your reports*

- Check One:  6-Months (Interim) Report, (Submit this cover sheet, questions 1 and 2, and the attachments)  
 1<sup>st</sup> Year Report, (Submit this cover sheet, questions 1 – 8 and the attachments)  
 Year 2 (Final) Report, (Submit this cover sheet, questions 3 – 8 and the attachments)

Grant name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of organization: \_\_\_\_\_

Grant administrator: \_\_\_\_\_ EIN# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Grant amount: \_\_\_\_\_ Cycle number: \_\_\_\_\_

Type (circle):      New Project    New Program    New Initiative    New Research    Extended Program

Reporting period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete the section above, questions 1 and 2, for your 6-month (Interim) report. Complete all the questions ONLY if this is the 1<sup>ST</sup> year report. Your 2<sup>nd</sup> year (Final) report, do not require questions 1 – 2, only the section above and questions 3 – 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 (Interim) report, please indicate expenses to date.**

**Respond to each of the following questions in the exact order using up to 3 (three) pages in total if needed (not including the cover page above). Your responses should focus specifically on the funded project; program or initiative and how it affected your clients or target group and benefitted the community.**

1. List up to five accomplishments or your progression towards meeting your goals and objectives so far.
2. Describe any setbacks encountered during this period of your grant funding. How did these setbacks impact your organization or project? How were these setbacks addressed?
3. Referring to the goals and objectives described in your original grant request (or any revisions submitted subsequent to the grant award), please indicate the following:  
How many (or how many more) clients were you able to serve as a result of this grant funding?  
What measures were used to determine your progress?

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4. What were the unexpected results or key learning's you would share with funders?
5. Who else has funded or supported this project (or your organization), and at what level? If total proposed budget amount was not raised or supported, indicate if program goals were altered in any way.
6. What steps are being made to ensure the sustainability of your project or organization beyond this grant period?
7. If your program involved collaboration with other organizations, please comment on their effect upon the program.
8. Explain how your project/program impacted the health or resolved a medically related issue for the Citrus County community.

**Scan and email 1 (one) of each of these as additional attachments for all the reports including the 2<sup>nd</sup> Year (Final) Report (unless indicated):**

- Promotional/dissemination/informational material (i.e. brochure, flyer, ad (with the CCCCCF, Inc. logo) or news clippings. Not required for the 2<sup>nd</sup>-Year Report)
- The two required press releases (attach to the 1st Year Report only)
- 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. (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 CCCCCF, Inc. Grant Agreement

**All Reports must be submitted via email to [ccccf2015@aol.com](mailto:ccccf2015@aol.com) by 5pm on or 14 (fourteen) days before their due date.**