

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 only)
 1st Year Report, (Submit this cover sheet, questions 1 – 8 and the attachments only)
 Year 2 (Final) Report, (Submit this cover sheet, questions 3 – 8 and the attachments only)

Grant name: _____ Date: ____/____/____

Name of organization: _____

Grant administrator: _____

Address: _____

Phone: _____ Fax: _____ 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 1ST year report. Your 2nd year report (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 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. Have there been any delays in meeting your objectives? If so, please explain them.
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 steps or actions were used to meet your objectives and goals?
What measures were used to determine your progress?

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What were the unexpected results or key learning's you would share with funders?

4. Describe any setbacks encountered during the period of this grant.

How did these setbacks impact your organization or project?

How were these setbacks addressed?

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 Final Report:

___ Promotional/dissemination/informational material (i.e. brochure, flyer, ad or news clipping)

___ The two required press releases (attach to the First 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 your filed 990 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 CCCCf, Inc. Grant Agreement

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