****

grant no.: \_\_\_\_\_\_\_\_\_\_\_\_

grant amount: $\_\_\_\_\_\_\_\_\_\_\_

FINAL REPORT INSTRUCTIONS

Your report will help us understand the successes and challenges of your project and help us monitor the Community Foundation’s progress toward improving our community.

**ORGANIZATION NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME PERIOD COVERED BY REPORT**: FROM \_\_\_\_\_\_\_\_\_\_\_\_\_TO \_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSON COMPLETING REPORT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project Implementation**

Was your project implemented as planned?

* If not, please explain any changes you had to make from the proposed plan.

What would you do differently next time, and why?

1. **Project Evaluation**

Please list the outcomes presented in your proposal and provide the following information ***for each of them***:

Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How did you measure progress toward this outcome?
* Was the outcome achieved? Please explain.

Please describe any unanticipated outcomes or successes, if applicable.

1. ***Community Foundation Principles for Competitive Grantmaking***

Regarding your replies to the following three questions:

If yes: please describe; if no: how might this project do so in the future?

* Structural change and innovation

How did your project improve policies, systems, operations, or relationships?

* Collaboration and inclusion

How were stakeholders involved in the planning, implementation, and evaluation of your project? What partnerships were important for accomplishing your outcomes?

* Leveraged assets

Did your project leverage new or existing assets, organizations, relationships, initiatives, and investments to improve its impact, efficiency, and sustainability?

1. **Share a Story**

Please share a story that demonstrates the impact of this project.

Photographs, newsletters, etc. that illustrate the work supported by this grant are welcome additions to your report. *Please include image releases if people in the photos are identifiable.*

1. **Project Budget**

Please complete the attached Financial Report form.

**You may submit your report electronically to** Grants@racf.org**, by fax to 585.271.4295, or by mail to:**

Community Programs Department

Rochester Area Community Foundation

500 East Avenue

Rochester, NY 14607

**FINANCIAL REPORT**

|  |  |  |
| --- | --- | --- |
| **SUPPORT/REVENUE** | **Budgeted** | **Actual** |
| Community Foundation grant |  |  |
| Fundraising or special event revenue |  |  |
| Other foundation or corporate grants |  |  |
| Government grants or contracts |  |  |
| United Way support |  |  |
| Other contributions |  |  |
| Fees for service |  |  |
| Sales revenue |  |  |
| Membership dues |  |  |
| Investment income |  |  |
|  |  |  |
| **TOTAL Support/Revenue** |  |  |

|  |  |  |
| --- | --- | --- |
| **EXPENSES** | **Budgeted** | **Actual** |
| Salaries |  |  |
| Fringe benefits |  |  |
| Professional fees (contracts, consultants) |  |  |
| Evaluation |  |  |
| Training |  |  |
| Travel/meeting expenses |  |  |
| Occupancy |  |  |
| Phone, fax, information technology |  |  |
| Printing/postage |  |  |
| Supplies (consumable) |  |  |
| Equipment |  |  |
| **Subtotal: Direct Expenses** |  |  |
| Proration: General/Management Overhead |  |  |
| **TOTAL Expenses** |  |  |

**Explain any variances between budgeted and actual figures that exceed 10%.**

(Use separate page if needed)