|  |
| --- |
| **I. Organization & Grant Information** |
|  |
| Organization: |       |
|  |
| Address: |       |
|  |
| City: |       | State:  |    | Zip: |       |
|  |
| Phone:  |       | Fax: |       |
|  |
| Executive Director: |       | Email: |       |
|  |
| Grant Amount: |        |  Report Due Date: |        |
|  |
| Grant Period: | From (date) |        | To (date) |        |
|  |
| Report Period: | From (date) |        | To (date) |        |
|  |
| **Briefly describe the purpose for which grant funds were awarded:** |
|       |

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| **II. Grant Data** |
|  |
| Number of Individuals Served by Grant:  |       |  |
|  |
| Demographics of Populations Served: (Where applicable, estimate percentages of populations served) |
|  |
| Ethnicity | ☐ White☐ Latino ☐ Black  |      %     %     % | ☐ Native American☐ Asian/Pacific Isl.☐ Other |      %     %     % | ☐ Undetermined |      % |
| Age | ☐ 0-5 years☐ 6-11 years☐ 12-18 years |      %     %     % | ☐ 19-25 years☐ 26-59 years☐ 60+ years |      %     %     % | ☐ All Ages☐ Undetermined |      %     % |
| Gender | ☐ All Genders☐ Female |      %     % | ☐ Male☐ Undetermined |      %     % |  |  |
| Other | ☐ Please specify:       |      % |
|  |
| **Primary geographic area(s) served by the project and number of individuals in each:** |
|  |
| ☐ Bristol |       |  |
|  |
| ☐ Burlington  |       |  |
|  |
| ☐ Plainville  |       |  |
|  |
| ☐ Plymouth  |       |  |
|  |
| ☐ Southington  |       |  |
|  |
| ☐ Wolcott  |       |  |
|  |
| ☐ Other (Please specify):  |        |

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| **III. Results** |
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| Briefly summarize what was accomplished with this grant. List the grant objectives as they were stated in your grant application and describe the progress made on each.  |
|       |

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| **IV. Impact** |
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| What, if anything has changed within your organization as a result of this grant? |
|       |
| What were the most important lessons learned? |
|       |
| How do you plan to sustain this program going forward? |
|       |

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| **V. Challenges** |
| What challenges did you face in connection with this grant? |
|  |
| ☐ The project or program proceeded on track without significant challenges |
| ☐ Insufficient funds |
| ☐ Anticipated partnerships or collaborations did not materialize |
| ☐ Timeframe was too short or conflicted with other activities |
| ☐ Staff transitions |
| ☐ Program model was inappropriate |
| ☐ Insufficient planning |
| ☐ Demand for services exceeded program capacity |
| ☐ Other (briefly describe):  |       |

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| **VI. Grants In Action** |
| MSCF wants to share great impact stories and photos on the Community Foundation’s Facebook page, newsletters and reports, and other opportunities to reach multiple audiences interested in making a difference in the communities we serve. Please include one (1) to three (3) digital photos with a description of this grant in action. By submitting the photos you are acknowledging that your organization has proper consent to publish and distribute those photos, and that Main Street Community Foundation can use them in our publications. |
|       |

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| **VII. Expenditures** |
| Use the expenditure form to report proposed budget and actual expenditures. |
| **Attach invoices for grant funds expended for equipment or material purchases over $1,000.** |
|  |
| **Expenses** | **Project/****Program****Budget** | **Actual Project/****Program Expenses** | **Granted from MSCF** | **Actual MSCF Expenses** |
| *Itemize all expenses incurred for the project or program.* | *What was budgeted* | *What was actually spent* | *How approved funds from MSCF were allocated* | *Actual/current expenses from MSCF allocated funds* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Total of all Expenses** | $ |       | $ |       | $ |       | $ |       |

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| **VIII. Revenues** |
| List other revenue sources received for this program or project. |
|  |
| **Source** | **Amount** |
|       |       |
|       |       |
|       |       |
|       |       |

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| Explain any variances from the original project budget. |
|       |
| **Report Prepared By:**  |
|  |  |
| Signature | Date |
|  |
| Printed Name | Title |
|  |  |
| **Executive Director Approval:**  |
|  |  |
| Signature | Date |
|  |
| Printed Name | Title |

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| --- |
|  **Submission Instructions**Electronically to:jarre@mainstreetfoundation.orgMailed to:Main Street Community FoundationP.O. Box 2702Bristol, CT 06011-2702Hand Delivered to:Main Street Community Foundation120 Halcyon DriveBristol, CT 06011-2702 |