



Community
FOUNDATION

for the
Central Savannah
River Area

Before you complete this report please save it to your computers desktop with the grant year and your organizations name. If you do not save it to your computer BEFORE filling it out the information will not save in the form and we will get a blank report from you. If that happens you will have to redo your report.

Unrestricted Grant Final Report

Organizational Name

Funding
Year

Contact Person

E-mail

Phone Number

Report

Combined

Final

*You may only choose the combined report if all of your money has been expended **AND** you've completed all of your outcomes by the 6 month report due date **OR** you were funded for a summer only program.*

1. Did you meet all of your expected outcomes?

Yes

No

Give detailed statistics that are directly related to your three proposed - measurable outcomes from your grant application. Please number each. If you were unable to achieve all of your outcomes, in addition to telling us what outcomes were successful, also tell us what problems you encountered that did not allow you to meet all of your targets.

2. How many individuals were directly impacted by this grant? In cases where you were serving the entire family please count each family member that was impacted. If you worked with them on multiple occasions in the year, you may count them each time they received a different type of service from you.

Pangender 18 or older

Pangender under 18

Females 18 or older

Males 18 or over

Females 5 - 17 yrs.

Males 5 - 17 yrs.

Females birth - 4 yrs.

Males birth - 4 yrs.

3. Did you spend all of your grant funds as you had outlined in your submitted project budget?

Yes

No

If not, please explain.

4. Did you experience any positive effects or outcomes you had not anticipated when you wrote your grant?

Yes

No

If you did, please describe them.

5. What were the biggest challenges you faced in implementing your grant?

6. How were you able to resolve them? Please give an example(s).

7. Were any new collaborative relationships established due to this grant?

Yes

No

If so, with whom?

8. Will this program/project continue now that the grant funds have been expended?

Yes

No

If not, why?

9. We are always looking for stories to share with our donors. Please give a minimum of one specific example/story of a positive result that you can directly attribute to this grant.

To the best of my knowledge, all of the information I have included in my report is accurate.

Signature

Date

Please scan into a PDF (and e-mail with this report) any receipts that are directly related to how you spent your grant. The total from the receipts must equal the amount of the grant you received and relate to the budget items you submitted.

OPTIONAL SECTION

If you have pictures or videos that you can share with us that are related to your grant please feel free to do so. Please sign and date below, indicating release of such material for our use.

E- signature

Date

We are always looking for ways to improve our process. We would appreciate your taking a moment to answer the following questions.

I found the online application easy to navigate and complete.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Please rate					

I understood all of the questions that were asked on the application.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Please rate					

When I called or e-mailed the Community Foundation with questions, I felt the help I received allowed me to move forward and complete my application. *Please skip this question if you didn't contact us for assistance.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Please rate					

I felt my Panel visit was successful and that they left understanding my program/project.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Please rate					

Do you have any suggestions or concerns about the unrestricted grants program that you would like to share with the Community Foundation that might be helpful to us in the future?