**GRANT RECIPIENT - FINAL REPORT**

**GRANT RECIPIENT - PLEASE COMPLETE AND SUBMIT WITHIN ONE YEAR AFTER RECEIVING A GRANT FROM 100WS. This report compares previously stated goals/objectives to actual outcomes.**

 Date of submission: \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Name of Organization****Address****Primary Contact & Title****Email & Preferred Phone #** |

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anticipated Project Cost ($)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Actual Project Cost ($)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Amount Awarded ($)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Were you successful in procuring other Funding Sources and Collaborating with other organizations on this Project? Summarize successes.

If start and end dates changed, please explain why. Describe any changes made to the original plan. Summarize.

Describe the key factors (include metrics) that demonstrate the Objectives and expected Results were met.

Describe any challenges that you had (or are having) in meeting the Objectives and Results of the Grant.

Describe the results from any evaluation by the participants or any independent evaluators.

Describe how you have shared your lessons with others to improve practices in your field. ***Please include photos, statements, press releases, articles, relating to the project.***

In the below chart, please provide an accountability metric by comparing the proposed budget with actual income and expenditures. If there is variance in excess of 10% in the proposed versus actual budget line item, please provide an explanation for the variance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **PROJECT BUDGET:** | **FINAL** | **REPORT** |   |   |
| **Name of Organization:** |  |   |   |   |
| **Contact Person (+ email & phone):** |   |   |   |   |
| **Project Title / Grant Amount:** |   |   |   |   |
| **Date Grant Received / Date Project Began:**  |   |   |   |
|   |   |   |   |   |
| **PROJECT INCOME** | **Budgeted** | **Actual**  | **Variance %** | **If >10% Variance, provide explanation** |
| Contributed Income: |   |   |   |   |
|  100WomenStrong |   |   |   |   |
|  Government |   |   |   |   |
|  Other Foundations |   |   |   |   |
|  Corporations |   |   |   |   |
|  Board / Individual Contributions |   |   |   |   |
|  Other |   |   |   |   |
| Earned Income: |   |   |   |   |
|  Service Fees |   |   |   |   |
|  Membership Income |   |   |   |   |
|  Event(s) |   |   |   |   |
|  Publications & Products |   |   |   |   |
|  Other |   |   |   |   |
| In-Kind Support |   |   |   |   |
| **TOTAL PROJECT INCOME** |  |  |  |   |
|  |  |  |  |   |
| **PROJECT EXPENSES** |   |   |   |   |
| Personnel Expenses: |   |   |   |   |
|  Salaries / Wages |   |   |   |   |
|  Fringe Benefits |   |   |   |   |
| Non-Personnel Expenses: |   |   |   |   |
|  Contract Services/ Professionals Fees |   |   |   |   |
|  Office Space |   |   |   |   |
|  Equipment / Supplies |   |   |   |   |
|  Marketing / Publications |   |   |   |   |
|  Travel / Related  |   |   |   |   |
|  Other |   |   |   |   |
| **TOTAL PROJECT EXPENSES** |  |  |  |   |
| Excess / (Deficiency)  |   |   |  |   |

I certify that all of the information above is to the best of my knowledge and true, correct and complete.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Executive Director /CEO Date**

Final Report may be emailed along with any supporting documentation to amy@communityfoundationlf.org

|  |
| --- |
| **100WS Internal** |
| Date accepted: |
| Date of award: |
| Amount of Award: |
| Database updated on: |