**GRANT RECIPIENT - FINAL REPORT**

**PLEASE COMPLETE AND SUBMIT BY MARCH 13, 2020.**

**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 ($):** |
| **Number of Loudoun County Residents Served:** |

Describe the anticipated long-term impact of your grant funded project on your organization’s overall work.

Describe the final outcomes of the 3 specific measurable goals/objectives that were stated in your grant application. (Include metrics and/or evaluation methods.)

Did you need to make any adjustments to your timeline for this project? If so, please explain.

Describe any challenges that you had (or are having) in meeting the objectives and results of the grant.

Were you successful in procuring other funding sources and collaborating with other organizations on this Project? Summarize successes.

Tell us one specific success story of someone impacted by your grant funded project.

***Please feel free to 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 the information above is to the best of my knowledge true, correct and complete.

|  |  |
| --- | --- |
| **Signature of Executive Director /CEO** | **Date** |

Final Report may be emailed along with any supporting documentation to [pam@onehundredwomenstrong.org](mailto:pam@onehundredwomenstrong.org)