

Grant Report Form

Organization Information

|  |  |
| --- | --- |
| Organization Name |  |
| Contact Person & Title |  |
| Email |  |
| Phone |  |

Grant Information

|  |  |
| --- | --- |
| Grant Number |  |
| Type of Report | Interim  Final |

Instructions

* Please limit grant report to no more than seven total pages.
* Please try to be clear and concise in your answers by using bullet points for each response.
* All grant reports should be submitted in electronic format (.doc or.pdf format preferred) to grantreports@cicf.org.
* Contact Mary Johnson at 317.634.2423 x554 with any questions.

Questions begin on page 2

Output Data

|  |  |  |
| --- | --- | --- |
| Describe who or what was impacted by the grant? | | |
| If applicable, how many people were served by this grant?  Note: If people were not directly served by this grant, please leave this question blank.  **Instructions for Output Data**   * For Total Served, please enter to total number of unduplicated individuals served * For Age, Ethnicity and Income Level, please enter the percentage of the total served for each category (to the best of your ability). | **Total Served**  Gender  Female  Male  Age  Youth (0 - 17)  Adults (18 - 65)  Senior (65+)  Race  Asian/Pacific Islander  Black or African American  White  Hispanic or Latino  [American Indian and Alaska Native](http://en.wikipedia.org/wiki/Native_Americans_in_the_United_States)  More than one race  Income  Low-Income  (qualify for reduced/free lunch)  Geography  Marion County  Hamilton County  Boone, Hancock, Johnson, Morgan or Shelby Counties  Outside of Central Indiana | (unduplicated #)        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served        % of total served |

Use of Grant Funds

|  |
| --- |
| Briefly describe how grant funds were used. |

Outcomes

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What outcomes were accomplished with this grant?  Recommended format for reporting outcomes:   |  |  |  | | --- | --- | --- | | Proposed Outcome  (from grant application) | Actual Outcome | Evaluation/Measurement Method | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

Lessons Learned

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| --- |
| Describe any unexpected benefits or challenges that occurred during the term of the grant and any significant lessons learned. |
| How will you use any lessons learned or results to improve your organization or program? |

Recognition

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| --- |
| How was this grant recognized? Please attach examples of grant recognition.  Please include examples in .pdf format to submit electronically with this report |

Financial Accounting for the Grant

|  |  |  |  |
| --- | --- | --- | --- |
| In the table below provide a brief narrative description of the actual project cost and how grant funds were used in the "Description of Expenses" column. Cells expand to accommodate text. Not all line items apply to all grants. | | | |
| Expense Category | Description of Expenses | Actual Expense | Specific use of The Glick Fund grant |
| Employee Compensation, Benefits and Taxes: |  | $ | $ |
| Professional Fees & Contracted Labor: |  | $ | $ |
| Professional Development: |  | $ | $ |
| Printing and Publications: |  | $ | $ |
| Supplies: |  | $ | $ |
| Marketing/Advertising: |  | $ | $ |
| Space Rental and Occupancy: |  | $ | $ |
| Travel/Transportation: |  | $ | $ |
| Equipment: |  | $ | $ |
| Other (Specify): |  | $ | $ |
|  | **Total:** | **$** | **$** |