

# Howland Grant Cycle

# Spring, 2014

# Report Guidelines

* **Report due February 19, 2015**

*The Community Foundation of Tompkins County is pleased to have made a grant to your organization and looks forward to receiving a summary of your project’s progress. This information is valuable in helping the Foundation learn about the grant’s effectiveness and is used in guiding future community investments.*

Name of Organization:

Address:

Executive Director:

Project/Program Name (from application):

Grant Amount:

Contact Person for Grant:

Contact Person Title:

Contact Email:

Contact Phone:

# Report of Grant Activities

1. Provide a two sentence summary of how grant funds were used:
2. **Objectives/Outcomes** (Use as much space as needed to answer the following questions).
3. What was your goal for this project/program (from your initial application)?
4. How do the outcomes achieved compare to the desired outcomes defined in the original application? Please explain.
5. Based on the project/program outcomes, do you feel that the project/program was successful? Please explain.
6. What have you learned (e.g. about effective program strategies, realistic outcomes, on-going value of the project, benefits vs. challenges)?
7. If you were to repeat this project, what would you do differently?
8. Use the attached Financial Report form to compare your original budget with actual figures. Please explain any variations from your original budget:
9. To date, how much of your grant has been expended? $

Please contact the Community Foundation if you need to request an extension or to return unexpended funds.

1. Is this an ongoing program or activity? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, how will funding be secured for continuation?

1. How was this Community Foundation of Tompkins County grant publicized?

*(Please attach copies of press releases, printed materials, posters, printed programs, etc. or give information about television or radio interviews)*

1. Media Tools: If available, please share pictures, photos, etc. related to this project.

**Financial Report**

**Provide the following information regarding the program or project for which you received funds.**

#### SUPPORT/REVENUE BUDGETED ACTUAL

(from original application)

|  |  |  |
| --- | --- | --- |
|  | **Total Anticipated Support/Revenue** | **Actual Support/Revenue** |
| 1. Requested grant |  |  |
| 2. Fundraising events |  |  |
| 3. Gifts/bequests |  |  |
| 4. Miscellaneous contributions |  |  |
| 5. Foundation/corporate grant support |  |  |
| 6. United Way |  |  |
| 7. Grants/contracts: govt. agencies |  |  |
| 8. Program service fees |  |  |
| 9. Membership dues |  |  |
| 10. Investment income/transactions |  |  |
| 11. Sales: services, products, crafts |  |  |
| 12. Miscellaneous revenue |  |  |
| **13. Subtotal Direct Support/Revenue** |  |  |
| 14. General & Management Income (prorated) |  |  |
| 15. Total Support/Revenue |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Total Anticipated Expenses** | **Total Actual Expenses** |
| 16. Salaries of provider staff |  |  |
| 17. Fringe benefits |  |  |
| 18. Professional fees (contract, consultant) |  |  |
| 19. Supplies (consumable) |  |  |
| 20. Printing and postage |  |  |
| 21. Occupancy |  |  |
| 22. Phone and fax |  |  |
| 23. Travel and meetings |  |  |
| 24. Training |  |  |
| 25. Evaluation |  |  |
| 26. Equipment purchases |  |  |
| 27. Miscellaneous expenses |  |  |
| **28. Subtotal Direct Expenses** |  |  |
| 29. General & Management Expenses (prorated) |  |  |
| 30. Total Expenses |  |  |

EXPENSES BUDGETED ACTUAL

|  |  |  |
| --- | --- | --- |
| **31. Surplus (Deficit)** |  |  |

Note: Failure to submit these reports by their due dates may affect your organization’s eligibility to receive future grants.