## SYNERGY INITIATIVE CONTINUATION GRANT SUMMARY REPORT

*(Please limit responses to 3 pages, 11-point font minimum, 1-inch margins)*

**LEAD ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT PHASE** (e.g., Planning, Pilot, Implementation Yr. 1, 2) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A. PROJECT OUTCOMES

1. Please describe key outcomes that resulted from the phase of the project that was just completed.
2. Which desired outcomes were not achieved, and why do you think that was the case?

B. FINAL REPORT OF GRANT EXPENDITURES

1. Please update the attached project budget (in Excel format), which reflects figures from the

last Process Evaluation submitted, completing column I (THFCM spent).

**Balance to be refunded (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBMITTED BY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Director** | **Printed Name** |  | **Title** |
|  |  |
| **Signature** | **Date** |
|  |  |  |
| **Authorized Signatory** **of Grantee Organization** | **Printed Name** | **Title** |
|  |  |
| **Signature** | **Date** |

Attachment: Project Budget Form

Form created based on the work of Drs. Janice B. Yost and Abraham H. Wandersman