
## SYNERGY INITIATIVE FINAL PROJECT SUMMARY REPORT

*(Limited to 5 pages, 11-point font minimum, 1-inch margins)*

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

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

**SYNERGY INITIATIVE ROUND#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REPORT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A. PROJECT OUTCOMES

1. What indicators or evidence of success toward project goals and desired outcomes can you share? In addition to quantitative metrics, please include quotes from participants or share a brief story that captures the impact of your work.
2. Which strategies were most effective in achieving the desired outcomes and which were least effective?
3. Were there any unanticipated results or key learnings you wish to share?

4. Which desired outcomes were not achieved, and why do you think that was the case?

5. What, if any, obstacles did you encounter and how did you overcome them?

**B. COLLABORATION WITH OTHER ORGANIZATIONS**

6. How useful was your collaboration in achieving the desired outcomes?

7. Were there any additional organizations that would have been useful partners?

**C. BROADER IMPACT**

8.Now that the Foundation’s Synergy Initiative investment has ended, which aspects of the

 project will continue and how? (e.g., continuation of specific project components through

 another funding source or replication of the project in other areas)

9. What evidence do you have of systems change (change in policies and practices) based on

 the results of your project?

**D. ASSESSMENT AND FEEDBACK**

10. What feedback can you offer to help the Foundation assess and improve its grantmaking,

 including information regarding the staff’s role?

E. FINAL REPORT OF GRANT EXPENDITURES

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

last Process Evaluation report 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