## ACTIVATION FUND

## GRANT PROCESS EVALUATION

*(Limited to 3 pages, 11-point font minimum)*

|  |  |
| --- | --- |
| **ORGANIZATION NAME:** |  |
|  |  |
| **PROJECT TITLE:** |  |
|  |  |
| **DATE OF REPORT:** |  |
|  |  |
|  |  |

## PROJECT GOALS & OBJECTIVES

## Where appropriate, please provide indicators or evidence of progress made toward your

## project goals and objectives. If applicable, please include quotes from participants or share

## a brief story that captures the impact of your work.

## What obstacles, if any, have you encountered in implementing the project, and how are you working to overcome them?

## Where appropriate, please provide updates on key tasks and indicate any adjustments made or planned at this time from initial plans or target dates for completion.

**B. BUDGET STATUS Expenditures through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)**

## Please update the project budget attached to this application (in Excel format), completing column H (THFCM spent). Beyond *the allowable variance* withinline items or categories of expenditure (described below), are any changes in the budget requested or anticipated prior to the end of the grant period? If yes, please describe the rationale below and contact Foundation staff for guidance on the process for submitting a budget amendment request.

Budget Variance Guidance: Variances up to $5,000 within line items are allowable, and changes exceeding that amount will necessitate a request for the Foundation’s approval of a budget amendment, except in the rare case that the variance also represents less than 10% of the respective line item.

**SUBMITTED BY:**

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

Attachment: Project Budget Form