**ACTIVATION FUND**

## GRANT SUMMARY REPORT

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

|  |  |
| --- | --- |
| **ORGANIZATION NAME:** |  |
|  |  |
| **PROJECT TITLE:** |  |
|  |  |
| **DATE OF REPORT:** |  |
|  |  |
| **DATES OF GRANT PERIOD:** |  |

1. PROJECT GOALS & OBJECTIVES
2. What indicators or evidence of success toward project goals and desired outcomes can you provide? In addition to quantitative metrics, if applicable, please include quotes from participants or share a brief story that captures the impact of your work.
3. Were there any unanticipated results or key learnings you wish to share? If so, please describe them, along with any plans to share them with other stakeholders.
4. What, if any, obstacles did you encounter, and how did you overcome them to implement the project?

## BROADER IMPACT

1. What impact, if any, did the grant have on your organization and its capacity to achieve its mission?
2. How receptive was the larger community to your project?
3. What will result from the project now that this grant has ended?

## ASSESSMENT AND FEEDBACK

1. What feedback can you offer to help the Foundation assess and improve its grantmaking, including information regarding the staff’s role?

## FINAL REPORT OF GRANT EXPENDITURES

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

Process Evaluation submitted, completing column H (THFCM spent) to indicate final grant

 expenditures. As noted in the grant contract, any unexpended or unencumbered grant

 funds remaining at the conclusion of the Grant Period must be returned to the Foundation

 within ninety (90) days. Funds are considered to be encumbered if subject to a written

 agreement to spend such funds in accordance with the grant contract within sixty (60) days

 of the date of such a written agreement.

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

**SUBMITTED BY:**

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

Attachment: Project Budget Form