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COMMUNITY IMPACT GRANT – YEAR-END REPORT

Name of Organization:

Funded Program:

Name of Primary Contact:

Title:

Email:

Phone:

Please answer all questions. Attach additional sheet as needed.

Did you expend the funds allocated for the above program during the calendar year? If not, please explain.

Describe any challenges or obstacles encountered during the grant period.

Please describe the population served through the Community Impact grant, including numbers of unique households and individuals served. If you are unable to identify the number of households or individuals, please explain why.

Households Served:

Individuals Served, Children Infant to 17:

Individuals Served, Adults, ages 18 – 64:

Individuals Served, Seniors, ages 65+:

Summarize the final outcomes and impact of the program.

Please share at least one story of impact, detailing how an individual life was changed because of this program.