

OSHKOSH AREA COMMUNITY FOUNDATION
Basic Needs
Final Grant Report

Name of Organization: _____

Program Name: _____

Amount of Grant: _____ Date of Grant: _____

CEO/Executive Director: _____

Person Completing Report: _____

Phone: _____ Email: _____

Please answer the following questions on a separate sheet of paper. Attach supporting information if needed. Please restrict your narrative to a maximum of four pages.

1. What results were accomplished toward your program goals and objectives, as outlined in your proposal? List each goal and objective with each result.
2. Did you make any adjustments in the original plans, timetable or budget?
3. Did you experience any obstacles to completing your goals and objectives? If so explain the obstacles and what your organization did to overcome those obstacles to make this grant a success.
4. What difference did this program make in the lives of the participants? What difference has this program made overall in the area of Basic Needs?
5. Share the difference this program has made with one or more success stories.
6. Please include a separate sheet showing expenditure of grant funds to date.
7. Other comments?

Return to:
Oshkosh Area Community Foundation
Cheryl Fowler, Program Director
230 Ohio Street Ste 100
Oshkosh, WI 54902
cheryl@oshkoshareacf.org

Basic Needs Giving Partnership
Final Report Attachment

Project Name:
Lead Agency:
Grant Amount:
Counties Served:

General Information

Total # of People Served:	<input type="text"/>
How is success defined for those served by this project?	<input type="text"/>
% of those served successfully	<input type="text"/> %

Demographic Information of those served (if applicable to project)

Gender	Male: <input type="text"/> %	Female: <input type="text"/> %
% Below poverty (200% of federal poverty Guidelines)	<input type="text"/> %	
% Under/uninsured	<input type="text"/> %	
% Qualifying for free/reduced lunch	<input type="text"/> %	
Ethnicity		
Caucasian	<input type="text"/> %	
African American	<input type="text"/> %	
Hispanic	<input type="text"/> %	
Hmong	<input type="text"/> %	
Native American	<input type="text"/> %	
Other	<input type="text"/> %	

Additional Statistics Relevant to Project:

Top 3 Measurable Outcomes of Project	Target	Actual
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>