

# FINAL REPORT

# Planning Grant

|  |  |
| --- | --- |
| **GRANTEE:** organization | **DATE:** select date |
| **PROJECT:** project | |
| **GRANT AMOUNT:** $ grant amount | **GRANT #:** 201##### |
| **GRANT STARTING DATE:** select date | **GRANT ENDING DATE:** select date |
|  | |
| **Final report completed by:** | |
| **name:** name | **title:** job title |
| **phone:** phone | **email address:** email address |

Final reports to the Community Foundation help us understand how grants benefit our community. The insights you provide by answering the questions below help to substantiate our past grantmaking and inform our future grantmaking. We encourage you to go beyond simply documenting your activities and costs. We want to hear about your outcomes and successes, but also your challenges, difficulties, and even failures related to this grant and what you have learned that will make your organization more effective.

**Please ANSWER ALL QUESTIONS BELOW.**

**be as candid, reflective, and concise as possible.**

**1. PLANNING PROCESS**

* **How did the planning process move your collaborative project forward?**

Click here to enter text.

* **Describe any unforeseen circumstances, challenges or learnings during the grant period. How did they cause you to adjust what you were doing?**

Click here to enter text.

* **As a result of this planning, what will be the next steps for your collaborative?**

Click here to enter text.

**2. CONSULTANT EFFECTIVENESS**

* **List the full name, title and contact information for your consultant, facilitator or project manager.**

Click here to enter text.

* **Did she/he provide the services promised in the contract? Explain.**

Click here to enter text.

* **Did she/he work effectively with the planning participants? Explain.**

Click here to enter text.

* **Do you feel that the consultant’s expenses were reasonable given the outcome for your collaborative?**

Click here to enter text.

* **Would you recommend that another organization use this consultant or facilitator? Why or why not?**

Click here to enter text.

**3. FINANCIAL ACCOUNTABILITY**

* **Please complete the budget below, comparing budgeted expenses provided in your grant application with actual expenses. If actual revenues or expenses differed significantly from your budget, explain here. If there was any unspent grant money, it must be returned to the Community Foundation.**

If actual revenues or expenses differed significantly from budgeted expenses, please explain here.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Expenses** | | | | |
|  | **Total Budgeted** | **Total Actual** | **Community Foundation Funding Budgeted** | **Community Foundation Funding Actual** |
| Salaries/Benefits | $ | $ | $ | $ |
| Contracted Services (detail below) | $ | $ | $ | $ |
| In-Kind Support | $ | $ | $ | $ |
| Equipment/Supplies (detail below) | $ | $ | $ | $ |
| Travel | $ | $ | $ | $ |
| Other? | $ | $ | $ | $ |
| Other? | $ | $ | $ | $ |
| Other? | $ | $ | $ | $ |
| **Total** | $ | $ | $ | $ |

Expense details

**5. help us improve**

* **How can the Community Foundation improve its competitive grant processes?**

Click here to enter text.