

The Robert E. Frazier Tri-City Area Charitable Grant Foundation, LLC

GRANT REPORT FORM

Please complete all information and return this form to The Robert E. Frazier Tri-City Area Charitable Grant Foundation, LLC (“Foundation”) no later than 3 months following the end of the grant period. For initial or modified grant periods in excess of 1 year, interim reporting is required. Please check the grant agreement to determine the date(s) that this report must be filed. Generally, a completed Project Financial Information Form is required coincident with filing this form.

Organization name: _____

Project name or description: _____

Grant award date: _____ Grant award amount: _____

Address: _____

Person responsible for grant administration: _____

Title: _____ Phone: _____

Email address: _____ Cell phone: _____

Describe the measurable goals for the project, including benchmarks for success:

Report the organization’s success in reaching those goals, including data indicating that you met those goals. Additional sheets may be attached if necessary.

Provide a short narrative of the implementation of this project, including the involvement of other agencies or organizations.

Provide a summary of the lessons learned from this project, including any unanticipated positive or negative results.

Is the project for which you received funds complete? Y/N

If yes, when was the project completed? _____

Provide the completed "final" Project Financial Information Form detailing the portion of the grant funds provided by the Foundation which were used for the specified purposes. Enter the corresponding amount of unexpended grant funds. \$_____

If no, when do you expect the project to be completed? _____

Provide a description of the outstanding elements and the cost for those elements.

Complete and submit the "interim" Project Financial Information Form detailing the portion of the grant funds provided by the Foundation which have been expended for the specified purposes. Enter the corresponding amount of unexpended grant funds. \$_____

Do you expect to spend all of these funds to complete the project? Y/N

If no, please provide details for the portion to be returned and the expected date of return for those funds.

Does this project require ongoing funding? Y/N

If yes, please describe how funds will be raised to fund its continued operation.

I certify that _____ (recipient organization) has not used any portion of these funds for any purpose other than the purpose stated in the application for grant. Further, no portion of these funds has been or will be used to carry on propaganda or otherwise attempt to influence legislation, or to influence the outcome of a public election.

Chief Executive Officer of Applicant/Provide Name and Title

Date

Chief Volunteer Officer of Applicant/Provide Name and Title

Date