



# Trumbull Memorial Health Foundation

A Supporting Organization of the  
Community Foundation of the Mahoning Valley

## FINAL GRANT REPORT

### ORGANIZATION INFORMATION

Organization:		
Mailing Address:		
City:	State:	Zip:
Phone:		
Program/Project Title:		
Grant Amount:	Reporting Period: from	to
Executive Director:	Email:	
Report Preparer (if different):	Email:	
Signature of Report Preparer:		
Date:		

### OUTCOME RESULTS

In the table below, identify results of each outcome you proposed in your grant application.

<b><u>Program/Project Outcome(s)</u></b> The ultimate result of a program/project	<b><u>Program/Project Measures</u></b> <i>Measurable results of a program/project</i>	<b><u>Benchmark</u></b> <b><u>(Quantitative Goal in numbers, percentages, task completion)</u></b> <i>*Note: NO explanation of measure is needed.</i>
<b>Example:</b> To help 50 children receive dental care	Children improved their dental health	50% of children participating scheduled follow-up appointment

## **NARRATIVE EVALUATION**

---

Please attach a report that answers the following questions and **does not exceed 4 pages total**.

### **1. Results**

- How did the project/program impact the targeted populations?
  
- In what ways did the actual project vary from your initial project plans? Describe how/why.
  
- Describe any unanticipated outcomes, benefits and/or challenges encountered with this project.

### **2. Lessons Learned**

- What are the most important results/lessons you have learned from this project?
  
- How will you use what you have learned to inform future work?
  
- What recommendations can you make to funders or others working in this field?
  
- If you were to undertake this project again, what would you do differently?

### **3. Future Plans**

- What is your plan for this project in the future? Briefly describe rationale for ongoing funding, expansion, replication or termination.

### **4. Nonprofit Status**

- Have there been any changes to your organization's 501(c)(3) nonprofit status since you were awarded this grant? If yes, please explain.

**FINANCIALS**

Using the original budget included with your proposal, provide an itemized report of actual expenses and income for the project for this period on the below budget form. Discuss significant variances between budget and actual line items.

- 1) List all amounts in whole dollars.
- 2) Expenditures must be itemized for the total amount requested from TMHF in Column 1.
- 3) All expenditures from the remaining other sources must be itemized in Column 2.
- 4) The total project expense in Column 3 must equal the total revenues.

<b>REVENUES:</b>	<b>Project Budget</b>
Trumbull Memorial Health Foundation	
<b>TOTAL REVENUES</b>	<b>\$</b>

<b>EXPENDITURES:</b>	<b>Column 1 TMHF</b>	<b>Column 2 All Other Sources</b>	<b>Column 3 Total Project Expense</b>
Salaries and Wages			
Fringe Benefits/Payroll Taxes			
<b>TOTAL PERSONNEL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>OTHER EXPENSES:</b>			
Training			
Travel			
Consultants and Professional Fees			
Rent & Utilities			
Telephone			
Supplies			
Printing/ Postage			
Equipment			
Other:			
Other:			
Other:			
Other:			
Other:			
Other:			
<b>TOTAL OTHER EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Please fill this form out in its entirety, and submit it to:

[rchacon@cfmv.org](mailto:rchacon@cfmv.org)

-OR-

**Community Foundation of the Mahoning Valley**  
**Attn: Rachael Chacon**  
**201 E Commerce Street, Suite 150, Youngstown, OH 44503**