



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.

<u>Program/Project Objective(s)</u> Action steps or tactics used to accomplish the overall goal(s)	<u>Program/Project Output(s)</u> Measurable activities used to achieve each objective; what the program/project produced or delivered	<u>Program/Project Outcome(s)</u> Measureable changes or results achieved
<i>Example: Improve safety along routes to school, including sidewalks and crosswalks</i>	<i>Lighting installed or replaced along 5 streets; signage and markings at 100% of neighborhood crosswalks</i>	<i>50% increase in students who regularly ride their bicycle to school</i>
<i>Educate on the advantages of biking to school</i>	<i>Educational materials on biking distributed to 100 families</i>	

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.

REVENUES:	Project Budget
Trumbull Memorial Health Foundation	
TOTAL REVENUES	\$

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

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

tpollock@cfmv.org

-OR-

**Community Foundation of the Mahoning Valley
Attn: Tara C. Walker-Pollock
201 E Commerce Street, Suite 150, Youngstown, OH 44503**