

# Healthy Community Partnership

Final Grant Report for CFMV Supporting Organizations

**DUE**

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**Grant from:**     Western Reserve Health Foundation                       Trumbull Memorial Health Foundation  
                          William Swanston Charitable Fund

Organization :		
HCP Action Team:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	County:
Project/Program Title:		
Grant Amount:	Reporting Period: from        to	
Executive Director:	Email:	
Report Preparer ( <i>if different</i> ):	Email:	
Signature of Report Preparer:		
Date:		

## NARRATIVE EVALUATION

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Please attach a report that answers the following questions and **does not exceed 2 pages total**.

### 1. Results

- a. Identify results of the expected outcomes proposed in the application.
- b. How did the program help the action team get closer to its goals and objectives?
- c. In what ways did the actual project vary from initial plans? Describe how/why.
- d. Describe any unanticipated outcomes, benefits and/or challenges encountered with this project.

### 2. Lesson Learned

- a. What are the most important results/lessons learned from this project?
- b. What are next steps following this project and how will you use what you learned to inform future work?

## 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 in Column 1(A).
- 3) Expenditures must be itemized by Applicant Organization in Column 1(B).
- 4) All expenditures from the remaining other sources must be itemized in Column 2.
- 5) The total project expense in Column 3 must equal the total revenues.

<b>REVENUES:</b>	<b>Project Budget</b>
<b>TOTAL REVENUES</b>	\$

<b>EXPENDITURES:</b>	<b>Column 1 (A) CFMV SO Request (\$)</b>	<b>Column 1 (B) Applicant Organization (Indicate Org- 1,2,3,etc)</b>	<b>Column 2 All Other Sources (\$)</b>	<b>Column 3 Total Project Expense (\$)</b>
Salaries and Wages				
Fringe Benefits/Payroll Taxes				
Training				
Travel				
Consultants and Professional Fees				
Rent & Utilities				
Telephone				
Supplies				
Printing/ Postage				
Equipment				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
<b>TOTAL EXPENDITURES</b>	\$		\$	\$

<i>Applicant Organization 1 Total Request</i>	\$
<i>Applicant Organization 2 Total Request</i>	\$
<i>Applicant Organization 3 Total Request</i>	\$