

GRANTEE FINAL REPORT

FOR GRANTS \$5,000 OR ABOVE THROUGH THE COVID-19
CRISIS RELIEF AND STABILIZATION GRANTS

GRANT DATE:
GRANTEE:
GRANT AMOUNT:

The Trumbull Memorial Health Foundation considers evaluation an important element of each grant it makes, aiming to evaluate grants in a manner that encourages relevant learning for both the Foundation and the grantee.

Please return this evaluation form within one year of receiving the grant. If you are unable to meet this request, please contact the Foundation in writing. Also, we *highly* recommend that final grant reports be submitted before submitting an additional proposal for continued support of a project.

Please attach to this form a thorough response to each of the questions below. An electronic copy of this form can also be obtained on the Fund's website at cfmv.org/grants-scholarships/apply-for-a-grant/ or by emailing CKrell@cfmv.org. After submission, staff may request a follow-up call to learn more from your organization.

Please answer the following questions:

1. In the grant application, you were asked the question, "What is the impact you're trying to have and how will you know if you've accomplished that?"
 - a. Please describe the impact you were able to achieve through this grant.
 - b. How did your organization identify the impact and determine success?
 - c. What contributed to or impeded the success of this grant? What would you have done differently?
2. Please describe how funds were used, comparing actual use to the proposed breakdown provided in your grant application.
3. Have there been any changes to your organization's IRS 501(c)(3) nonprofit status since you were awarded this grant? If yes, please explain.

I hereby certify that the above statements and attachments of this final grant report are accurate and true to the best of my knowledge.

Printed Name of Report Preparer

Signature of Report Preparer

Report Submission Date

Please return completed evaluation report to:

The Community Foundation of the Mahoning Valley
c/o The Trumbull Memorial Health Foundation
201 E. Commerce St., Suite 150 | Youngstown, OH 44503
-OR- CKrell@cfmv.org

STAFF USE ONLY: Receipt date _____
 Condition closed Staff review complete