

# **GRANT FOLLOW-UP REPORT FORM**

(Grants under \$2,500)

As a grantee, you are required to submit a follow-up report. Please fill out the below form; attach your narrative, purchase receipts, and project publicity material; and submit the entire report to the Portage Health Foundation (PHF). The report is due no later than 30 days after the grant period ends. *If a portion of your grant funding remains unexpended at the time your follow-up report is due, please contact PHF prior to submitting your report.* This report is available as a form-fillable PDF, which may be downloaded from PHF's website (www.phfgive.org/grants.php).

## **GRANTEE INFORMATION**

| Organization Name:   |                            |           |     |
|--|----------------------------|-----------|-----|
| Organization Address:  | City                       | State     | Zip |
| Project Contact:   |                            |           |     |
| Name Member authorized to submit report:                     | E-mail                     | Telephone |     |
| (e.g., CEO – see FAQs on website for acceptable signatories) | Name                       | Position  |     |
| Authorized member's signature:                               |                            |           |     |
| GRANT IN   | IFORMATION                 |           |     |
| Project Name:  | Grant Date:                |           |     |
| Grant Amount: <u>\$</u>                                      | Project Start/End Dates:   |           |     |
| Report Date:   |                            |           |     |
| PROJ   | ECT DATA                   |           |     |
| Please identify the counties, cities, and townships serve    | d:                         |           |     |
|  |                            |           |     |
|  |                            |           |     |
| Please identify the total number of people served:           |                            |           |     |
| Please identify the total number of households or famili     | es served:                 |           |     |
| Please identify and describe any additional data you fee     | l is relevant:             |           |     |
| (Please attach addi  | itional page if necessary) |           |     |
|  |                            |           |     |

### NARRATIVE

All grantees (under \$2,500) are required to submit a narrative that answers <u>each</u> of the following questions/statements. Please attach your narrative to this grant follow-up report form.

- 1) Describe or share participants' reactions to this project.
- 2) Describe what your organization learned from this project.
- 3) What outcomes or results came from this project? These can be both expected and unexpected outcomes/results.
- 4) Please share any additional information you feel would provide us with a more complete understanding of the project's scope and successes.

## ADDITIONAL INFORMATION

All grantees (under \$2,500) are required to submit the following information with their grant follow-up report form:

- 1) Purchase receipts for project materials that utilized PHF funding.
- 2) Copies of printed materials, publicity, and any news/media coverage for this project.

### **GRANT FOLLOW-UP REPORT SUBMISSION**

All grant follow-up reports must be received in the PHF office no later than 30 days after the reporting period ends. All electronic submissions must be in PDF format. <u>PHF will not accept incomplete reports</u>. If a grantee submits an incomplete report, PHF may request the grantee to revise and resubmit. Return completed reports to:

> Portage Health Foundation 400 Quincy St., PO Box 299 Hancock, MI 49930

F: 906.523.5925 E: info@phfgive.org (as a PDF)

#### DO NOT COMPLETE – PHF USE ONLY

| Approved by: | Date:  |
|--------------|--------|
| Signature:   | Title: |
| Notes:       |        |
|              |        |
|              |        |