

FANNY ALLEN FOUNDATION

GRANT OUTCOMES REPORT

Please complete this form within one year of your next grant request and/or at the end of your grant year (if you are not requesting another grant). This form can be reproduced but all information must be included. Upload this form with your new grant application if applying again or email the completed to: JoAnn.Santiago@CovenantHealth.net. This form must be received before consideration of your next grant application.

Name of Organization: _____

Grant Contact: _____

Email: _____

Telephone: _____

Grant Award Amount: _____

Grant Implementation Dates: _____

Program Title: _____

Program Goal:

Program Brief Description:

Program Outcomes (e.g. How many people served? Is anyone better off?):

Did you meet the projected outcomes identified in your grant application? If not, please explain.

Challenges and/or unexpected results:

Other Qualitative data, stories or comments:

INCLUDE FINANCIAL REPORT OF GRANT FUNDED PROJECT (Attach a separate form or provide financial report for the funded program below).