

Grant Cycle (or Initiative Name)

Fall **Spring**

Final Grant Report

Date of Report:

Project Focus Area:

Organization Name:

Report Contact Person:

Contact Phone:

Contact Email:

Original Goals: <i>(Please list goals as they appear on 2013 Grant Agreement.)</i>	Met (Y/N)	Somewhat Met (Y/N)	Not Met (Y/N)	If you selected 'Not Met' or 'Somewhat Met', please explain below.

***Funds from BCHF must be used to benefit the citizens of the Town and County of Bedford.**

Organization Information: *(Overall, NOT specific to the grant.)*

1. Describe any significant changes that have occurred in your organization since the grant was awarded.
2. Describe any significant changes in the financial status of your organization since the grant was awarded.

Project Update: *(When responding to the questions below it is acceptable to use bullets for listing data and information.)*

3. Describe your project's activities during the grant period, including types of activities and number of activities delivered. (i.e. # services, # workshops, # presentations) Additionally, describe the number of participants served by each activity.

4. What changes or improvements (if any) did you make in the project design, project delivery or project timelines to better meet the needs of your target population?

Project Implementation:

5. Describe any major problems or obstacles that you encountered in implementing your project and what you did to overcome them.

Project Outcomes:

6. Describe how well your project achieved its major outcomes. As appropriate, provide stories (two stories), any examples of awards/recognitions, statistics and/or other measures that illustrate the project's most significant impact on the lives of your target population.

7. If your project did not achieve some of its expected goals, tell us why. Were there unanticipated program or environmental challenges? Were there unanticipated outcomes?

8. What were the strengths and challenges of the project? How did staff address the challenges?

Lessons Learned:

9. What are the most important lessons that you have learned about your project?

10. If you were to do your project again, what would you change? Why?

11. Have you undertaken any formal evaluation of this project? If yes, describe or attach a copy.

Collaboration:

12. Please list the name(s) of any agency/program you partnered with to better serve the clients of this project and the nature of the partnership.

Name of Partner Agency	Nature of Partnership	Results of the Partnership

Sustainability:

13. Is there a need to sustain this project and why?

14. Describe your plans for continuing the project/program at the end of the grant period.

Public Relations:

15. Describe the efforts made toward media releases and recognition of The Bedford Community Health Foundation grant. In addition, if you have photos (not previously submitted) from your project please submit with this report. When submitting photos please provide a brief description and date of the event in the photo.

16. Please provide additional samples of any media or materials produced as part of your project not already shared with Foundation staff. (If you are unable to submit these documents via email please mail to the Foundation's office, Attention: Mary Wiley, P.O. Box 1104, Bedford, VA 24523.)

Project Budget:

17. How were the funds from this grant actually used? Demonstrate by providing an itemized expenditure report (approved budget vs. actual). Have all the grant funds been expended? Please explain. If all the funds have not been expended, please contact the Foundation before submitting this report.