

FINAL REPORT
2016 GRANT
AGENCY NAME
Grant Period September 1, 2016 to August 31, 2017

Final Report due September 1, 2017

Project Title: _____

Grant Amount: _____

Contact Person and Title for this report: _____

Phone Number/Email Address: _____

Rest Haven Children's Health Fund views these reports as a valuable learning tool for assessing the overall impact in the community of its grant funding process and requests your honest feedback as to the successes and challenges your agency faced in meeting your goals for this grant.

1. Briefly describe the project and/or request and how grant funds were spent.

2. List specific outcomes and goals that were met through this grant and include quantitative data if applicable. Also include any goals and timelines that were not met.

3. Describe how this grant impacted the children it targeted to serve and describe how they or the community are better off as a result. Include any quantitative and qualitative data regarding numbers of children served, etc.

4. Please describe any challenges that your program encountered during the grant period.

5. Did the grant leverage other support (in various forms, not just financial) for your program or organization? Please explain.