



**GRANT REPORT**

| Grant Information  |                     |             |
|--|---------------------|-------------|
| Dates Covered by This Grant:   | <i>(from)</i>       | <i>(to)</i> |
| Date of Report:  |                     |             |
| Grant Amount:  |                     |             |
| Grant Purpose:   |                     |             |
| Organization Information   |                     |             |
| Organization Name <i>(as it appears on IRS Form 990)</i> :   |                     |             |
| Address:   |                     |             |
| City/State/Zip Code and County:  |                     |             |
| Project or Program Name (if applicable):   |                     |             |
| 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: |                     |             |
| Executive Director Contact Information   |                     |             |
| Name:  | E-mail Address:     |             |
| Phone Number:  | Fax Number:         |             |
| Primary Contact Information (if not Executive Director)  |                     |             |
| Name:  | E-mail Address:     |             |
| Phone Number:  | Fax Number:         |             |
| Contact Phone Number:  | Contact Fax Number: |             |
| Contact E-mail Address:  |                     |             |

This form must be returned with the Grant Report Narrative. Please return the completed electronic copy to [support@baskinfoundation.org](mailto:support@baskinfoundation.org). No further grant requests from your organization can be considered until this report has been completed and returned.

GRANT REPORT NARRATIVE

**I. Narrative** (maximum of 3 pages, exclusive of attachments)

**A. Results/Outcomes:**

1. Please describe the progress made toward the stated goals and objectives related to this specific grant. (Please include those stated goals and objectives in your response.)
2. What difference did this grant make in your community or neighborhood and for the population you are serving? Please discuss evidence of effect (e.g., numbers served, demographic information, pre- and post-test results, community indicators, outcomes, etc.). *Note: If you have evaluation materials that document outcomes and impacts of your work, feel free to attach in lieu of answering this or other questions.*
3. Please describe any challenges and potential solutions that you experienced during implementation in order to share with colleagues at other organizations developing similar programs.

**B. Publicity:** How have you communicated the Peggy and Jack Baskin Foundation's role as your partner in this work? Where and to whom has our support been publicized?

**C. Future Plans:** If you will be continuing this program, what are the plans for sustaining or expanding the program?

**II. Financials:** Please report on any major variances from the approved budget (5%).