



GRANT REPORT

Grant Information		
Dates Covered by This Grant:	(from)	(to)
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:	Phone Number:	
Email Address:		
Primary Contact Information (if not Executive Director)		
Name:	Phone Number:	
Email Address:		
Alternate Phone Number (if applicable):		
Alternate Email Address (if applicable):		

This form must be returned with the Grant Report Narrative. Please return the completed electronic copy to support@baskinfoundation.org.

In order to conserve time and effort, please feel free to cut and paste from a grant report you submit to another funder. It is fine if the data used for another funder's report does not match the exact year of our grant term, as long as the data used in the report overlaps with a portion of the grant period. If your organization utilizes a grant report format that differs from the Grant Report Narrative outlined on the following page, please feel free to submit that instead.

No further grant requests from your organization can be considered until this report has been completed and returned.



GRANT REPORT NARRATIVE

I. Narrative

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). We recognize that many outcomes cannot be quantified, such as changing rape culture; please do not create new systems of evaluation.
2. What difference did this grant make for your community, neighborhood, or individuals participating in your program or organization?
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. Future Plans:

1. Do you plan to continue this program? (Yes/No/Unsure)
2. If "No/Unsure," explain why.

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