



Grant Report

Electronic Autofill Form

Please complete the following Grant Report to comply with the terms and conditions attached to the grant awarded by **Fort Bend Cares**. This replaces the previous versions of both the Expenditure and Program Reports.

Reports should be based on the budget submitted with the original proposal. Anything significant outside the scope of the budget in the original grant application should be explained in this report.

<i>Organization Information</i>		
Organization Name:		
Project/Program:		
Amount of Grant:	\$	
Report Date:		
Grant Start Date:		Grant End Date:
Project Summary: <i>(100 words max)</i>		
Population: <i>(Who was served or benefited from the project?)</i>		
Methods: <i>(What activities did you undertake? What services were provided and how?)</i>		

Project Outputs: *(How many people were served or participated in the project? How many sessions were held?)*

Project Outcomes: *(What were the changes or benefits to the people who participated in the project/program? What other impact was achieved?)*

Community Impact: *(How was the community enhanced by this project? What other effects did the project have at the community level – or at a level less than the entire community?)*

--

REVENUE	AMOUNT
Government	
Foundations (including Fort Bend Cares)	
Corporations	
Individuals	
Fees for Program	
TOTAL REVENUE	

EXPENSES	AMOUNT
For Example, Program Equipment	
For Example, Program Supplies	
For Example, Program Personnel	
TOTAL EXPENSES	

Signature of Executive Director

Date Signed

Please submit the completed report to:

grants@fortbendcares.org