

The Family Strengthening Small Grants Fund

GRANT REPORT

DIRECTIONS: Please print or type the information requested below. Additional pages may be attached, if needed.

IMPORTANT: If a fiscal agent was used, this grant report form should be reviewed and approved by the fiscal agent contact person as well as by the grant recipient in the spaces provided on the last page of this form.

Completed application should be mailed to:

Ms. Nancy A. Saunders
Administrative Director
The Riley Foundation
f/b/o Small Grants Fund
Two Liberty Square, Suite 500
Boston, MA 02109

Date:

Name of Organization/Group:

Name of Activity/Project/Program:

Contact Person (Name and Title):

Street Address:

City, State & Zip Code:

Telephone:

Fax:

(Please specify home, office or cell phone)

E-mail (if available):

Time Period of Activities:

Began: _____

Ended: _____

Grant Amount Awarded:

** Please respond to each of the following questions. Your responses should focus specifically on the funded activity/project/program. (If more space is needed, please attach any additional pages.)

1. Please provide a complete expense report showing how the grant award was used and attach all receipts. (You may provide this information on the back of this page.)

2. Referring to the goals and objectives described in your original grant application, please answer the following:

a. What were your major accomplishments?

b. What steps or actions were used to meet your objectives and goals?

c. What were the unexpected results?

d. How did this activity/project/program make the families in your neighborhood stronger?

e. Describe any challenges encountered during the period of the grant activity/project/program?

Any additional comments to share or stories regarding the activity/program/project:

Signature of grant recipient:

Print Name

Signature

Signature of fiscal agent representative:

Print Name

Signature