**Reporting Requirements:**

Grantees must submit either an interim or final report on this grant before they are eligible for another grant from the Juneau Hope Endowment. Because the Term of this grant goes past the application deadline for the 2016 Juneau Hope Endowment Fund (March 7, 2016), any project that is not completed before the 2016 application submission deadline must submit an interim report (narrative and financial) with their 2016 Juneau Hope Endowment Fund application to be eligible to be considered for a 2016 Juneau Hope Endowment Fund grant. If your grant is completed by the 2016 application deadline, only a final report is needed. Interim and final narrative and financial reports should be submitted according to the following schedule. If you submitted your interim report with your Letter of Interest, no narrative report is needed. However, if you did not submit an interim Financial Report, please do so with your 2016 application.

 **Interim Report due**: before or with your 2016 Juneau Hope Endowment Fund application (if needed)

 **Final Report due**: between December 31, 2015 and July 15, 2016

**Narrative Report:**

The narrative report should expand on the **Project Outline** submitted with your application (or as amended through subsequent discussions between the Foundation and your organization) by detailing the measureable outputs and outcomes of your program due to the Hope grant you received, e.g., number of people served, number of nights housed, number of people trained, etc. for each of the activities listed in the Grantee **Project Outline**. Providing this information in outline form is preferable, (see attachment).

Any additional narrative should be limited to two pages and include:

1. Description of modifications, if any, you made in the activities proposed, reasons and implications for the project

2. Discussion of what worked and what did not work, what difficulties you encountered, and any recommendations/suggestions you may have concerning this type of project in the future.

3. Copies of any press releases sent out and list of where sent.

**Financial Report:**

Should include the following:

1. Time period covered by the report

2. Accounting of project income and expense formatted to show budget, actual, and any remaining balance. Please work from the budget you submitted or any approved changes to that budget; narrative on financial report should be limited to two pages and describe any significant changes in funding categories that were not previously discussed with the Foundation.

3. Include a statement that funds were used solely for their intended purpose, signed by person who has responsibility for ensuring this is so.

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Narrative Report Format** Contact for this Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Interim and Final Report**

Period Covered by Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please use the Project Outline, which was approved for this grant to provide actual outputs and results.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Timeline | Activity | Responsible Party | Measurable Output | Actual Output/Results |
| *Example Objective 1: Provide services to 30 people* |
| *Week 1* | *Notify other agencies looking for referrals* | *Project Coord.* | *20 emails/letters/phone calls* | *30 agencies reached* |
| *Week 4 & continuous* | *Meet with applicants, determine eligibility* | *Project Counselor* | *Anticipate 40 meetings* | *60 meetings* |
| *Week 5 & continuous* | *Provide services, assistance, help* | *Project Counselor* | *Anticipate 20 will be eligible and receive services* | *30 people received services due to grant*  |
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**Please provide the following narrative (2 page limit).**

1. Description of the status of your project: include progress you have made since the grant was awarded and any significant changes as compared to the original proposal.

2. Description of what you accomplished in the project, include: number of people served due to project and evaluation of the impacts on the constituency.

3. Discussion of what worked and what did not work, what difficulties you encountered, and any recommendations/suggestions you may have concerning this type of project in the future.

4. Let us know if there is a way to piggyback on existing measures in place in order to make reporting easier.

5. Copies of any press releases sent out.

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Financial Report Format**

Contact for this Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Interim and Final Report**

Report Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide a financial accounting of your project following the instructions described below. Provide as many rows as needed for your project.**

Column A: List components of the project budget on which your Hope Fund award was based, include approved budget amendments.

Column B: List the dollar amount budgeted in your application for each component.

Column C: List the actual expenses (if any) incurred in the project since the grant award date, by component.

Column D: Allocate any Hope Fund grant funds received to the budget components.

Column E: Allocate other funding source funds or in-kind sources (non-Hope Fund) received to the budget components.

Column F: List other funding source by name to the budget components.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Column A: **Project Component (e.g., personnel, travel, consultant, supplies, printing)** | Column B: Component Budget | Column C: Actual Expenses | Column D: Hope Fund Grant  | Column E: Other fund Source $ | Column F:Name of other fund source |
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| **TOTAL** |  |  |  |  |  |

**With this signature, I certify that all funds received through the Juneau Hope Endowment Grant were used solely for the approved project budget as stated on this financial summary and narrative report.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party Printed Name Date