

### FINAL GRANT REPORT - 2018/2019

#### **INSTRUCTIONS**

A report on your progress is due by April 15, 2019 – before the next grant cycle. Please type directly into this PDF form. The report should be emailed to <a href="mailto:info@hestiacircle.org">info@hestiacircle.org</a>. Thank you.

Organization Name: Fiscal agent if applicant is not tax exempt: Tax ID Number: Contact Name:	
Address:	
Phone Number:	
Email:	
Website:	
Project Name:	
Project start and end dates:	
Amount Granted from Hestia:	\$

Please fill out the information on all three pages.

## **Project results and Impact**

How many girls/women have been served by project during this project year?

Did you meet your program goals for the grant period?

If yes, how do you know? Please describe any program evaluation you use:

If no, please describe current l	parriers and how you are working to overcome them:
Do you have a story of how yo knowledge? If so, please share	ur program positively changed participants situation, behavior, or e it:
Sustainability: Will this project	et continue?
If so, how will it be funded?	
If not, why not?	
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Public Relations: How did yo	u publicize this grant? Please list any examples.
Summary Comments:	

# **GRANT FINAL BUDGET FORM - 2018**

#### **INSTRUCTIONS**

- Fill in *Proposed Revenue* column with line items and budget from original application.
- Complete Actual Revenue and Actual Expense column at the end of project.
- Round all amounts to the nearest dollar.

## **REVENUES**

Revenue Item	Proposed Revenue	Actual Revenue
Grants - Please list all		
Hestia	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
A. Individual & business donations	\$	\$
B. Events	\$	\$
C. In-Kind Support	\$	\$
D. Participant Fees	\$	\$
E. Other (specify)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL REVENUES	\$	\$

## **EXPENSES**

Expense Item	Proposed Expense	Actual Expense
A. Salaries & benefits	\$	\$
B. Consultants	\$	\$
C. Travel	\$	\$
D. Program supplies/Equipment	\$	\$
E. Office supplies	\$	\$
F. Printing & Marketing	\$	\$
G. Training	\$	\$
H. Other (specify)	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL EXPENSES	\$	\$