



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 info@hestiacircle.org. 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 barriers and how you are working to overcome them:

Do you have a story of how your program positively changed participants situation, behavior, or knowledge? If so, please share it:

Sustainability: Will this project continue?

If so, how will it be funded?

If not, why not?

Public Relations: How did you 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 | \$ | \$ |