

Follow-up Process

Community Foundation for Brevard

Interim Report: Competitive Grants

Please provide a brief summary of the progress you've made in meeting project goals and objectives. Modifications to the project or budget during the reporting period must be approved by the Community Foundation. Please contact Donna Sewell at donnas@cfbrevard.org prior to implementing any changes.

Future grant applications will not be considered if this report (or final report if all funds have been expended) is not received.

Project

Date of Report*

Character Limit: 10

Project Name*

(If requesting general operating support, please enter "General Operating")

Character Limit: 100

Two Sentence Description of Project*

Character Limit: 250

Total Amount Awarded

Character Limit: 20

Grant Period*

From: (month & year)

To: (month & year)

Character Limit: 250

Dates Covered by this Report*

From: (month & year)

To: (month & year)

Character Limit: 250

Progress

Are you on target to meet the goals you set out to achieve?*

Choices

Yes

No

Progress Statement*

Please describe the progress of your project up to this point, along with a timeline for completion. (Organizations can sufficiently answer in one paragraph, but feel free to use as much space as you like.)

Character Limit: 3000

Community*

Discuss the ways your project is impacting your program and/or community. (Organizations can sufficiently answer in one paragraph, but feel free to use as much space as you like.)

Character Limit: 1500

Challenges*

Please address any challenges you are encountering with your project. Describe any internal or external events, changes to staffing or the project timeline that have impacted implementation or expected outcomes. (Organizations can sufficiently answer in one paragraph, but feel free to use as much space as you like.)

Character Limit: 1500

Total Project Budget*

Character Limit: 20

Project Budget Variance

If your project budget for the specified grant period varied significantly (more than 10%) from the original budget, please explain variance, and changes that were made to adjust to new budget.

Character Limit: 1000

Did you spend the entire grant?*

As of today, has your organization spent the entire grant?

Choices

Yes

No

Unspent Balance

Unspent Balance:*

Character Limit: 20

Plans for grant balance:*

If entire grant has not been spent, explain plans and time frame for spending the balance.

Character Limit: 1500

Uploads

Please upload any materials you wish to share regarding progress made in meeting project goals and objectives.

Support Materials

Accepted file types include Microsoft Word, Microsoft Excel, and PDF.

File Size Limit: 3 MB

Additional Support Materials

Accepted file types include Microsoft Word, Microsoft Excel, and PDF.

File Size Limit: 5 MB

Photos

Accepted file types include Jpeg and PNG.

File Size Limit: 3 MB

Signature

Signature*

Enter your full name, job title, and the date of Grant Report submission. (e.g., Anne Smith, Executive Director, 15 January 2021).

Character Limit: 250

Certification*

By entering your signature information above and clicking "I Agree" below, you certify that the grant funds received are being used solely for the purpose specified in your organization's grant application unless otherwise approved by the Community Foundation.

Choices

I Agree

I Do Not Agree

