

FOUNDATION for Seacoast Health

Foundation Offices at the Community Campus

*100 Campus Drive, Suite One
Portsmouth, New Hampshire 03801
Telephone: (603) 422-8200
Facsimile: (603) 422-8207
ffsh@communitycampus.org*

GRANT REPORT

Organization: _____

Grant: _____

Reporting Period: _____

Form completed by: _____

Please use this checklist when submitting this report:

- _____ *Report narrative. Please use this form, or duplicate this form on your computer.*
- _____ *Grant expense statement. Please use attached form.*
- _____ *Updated progress report regarding the overall agency or program's financial plan including budget, actuals, and variance with explanation of variance.*
- _____ *Appendix: Addenda may include photographs, letters, public relations, marketing or development materials referenced in the report narrative.*

REPORT NARRATIVE

1. Using the action plan and timeline submitted with the original grant request, please provide a list of completed tasks, as well as commitments that were missed, explanation of missed commitments and revised timeline.

2. Provide updates or changes to the collaborations or coalitions described in the original grant request.

3. Please explain any unanticipated benefits or positive outcomes relating to the goals submitted in the original grant request.

4. Please explain any unforeseen challenges or negative outcomes, and efforts made to address those challenges regarding the goals submitted in the original grant request,

5. Using the plan submitted in the original grant request, explain your progress to date regarding your efforts towards (1) community relations, (2) marketing, and (3) development and fundraising.

6. Please explain and address any organizational changes, including program staffing, that may or have affected project implementation.