

Fall 2017 Request for Proposals

Brandywine Health Foundation

Grant Report Questions

Completion of this report is a condition to receiving any future grants.

How do you plan to accomplish your goals?

This is the response from your original application.

Character Limit: 2500

What are the challenges you anticipate during this program/project?

This is the response from your original application.

Character Limit: 1700

Progress Towards Goals and Lessons Learned*

Did you exceed, reach or fall short of each of these goals? Please include specific achievements or setbacks and any lessons learned.

Character Limit: 2000

How will you measure the impact of the project?

This is the response from your original application.

Character Limit: 2500

Measurement/Assessment*

Describe how you measured the impact of the project or your overall work.

Character Limit: 1500

Did you spend the entire grant?*

As of today, has your organization spent the entire grant? *(If you've answered "yes," please skip next two questions.)*

Choices

Yes

No

Unspent balance, if any:

Character Limit: 20

Plans for grant balance

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

Character Limit: 500

Financial summary*

Attach an actual end-of-year income and expense statement for the program. If general operating grant, provide this information for the fiscal year in which grant was received.

File Size Limit: 3 MB

Total Program/Project Budget

Character Limit: 20

Project Budget Variance

If your project budget (or in the case of general operating grantees, your organizational budget) for the specified grant period varied significantly (more than 10%) from the original program/organizational budget, please explain variance, and program/organizational changes that were made to adjust to new budget.

Character Limit: 1000

Signature*

Enter your full name, job title, and the date of Grant Report submission. (e.g., Anne Smith, Executive Director, 15 January 2018).

Character Limit: 150

Authorization*

By entering your signature information above and clicking "I Agree" below, you certify that the Brandywine Health Foundation grant funds received in were used solely for the purpose specified in your organization's grant application.

Choices

I Agree

I Do Not Agree

Project Name

Character Limit: 100

Amount Awarded

Character Limit: 20

Project Description

This is the response from your original application.

Character Limit: 1000