

**Impact 100 Greater Indianapolis
Final Report Form**

Organization _____ Date Submitted _____

1. Please list your primary goals identified in your proposal and describe the progress you have made toward meeting each goal, including specific examples. Please explain any variance from your goal or expected progress. Use additional pages, if necessary.
2. What impact did Impact 100 Greater Indianapolis' grant have on your organization, the community and the target population? When possible, please quantify such impact.
3. Describe how collaborative or cooperative efforts with individuals and organizations affected outcomes. This could include planning, implementing, funding and/or evaluating the project.
4. Please describe any unanticipated benefits and/or challenges encountered with this project.
5. If applicable, please explain why planned objectives were not attained or why scheduled activities were not implemented.
6. If possible, provide a "human interest story" that illustrates a success of the project.
7. What steps are being taken to ensure the sustainability of your project or organization beyond this grant period?
8. What are the most important outcomes and "lessons learned" from this project? How will you apply what you learned to future work? If you were to undertake this project again, would you do anything differently? If yes, please explain.
9. Were Impact 100 Greater Indianapolis' funds spent for any purpose other than stated in the Full Grant Application and Grant Agreement? Were additional funds received as a result of Impact 100 Greater Indianapolis' support?
- 10. Fiscal—Please complete the budget forms that follow on the next pages for the project. (1) Indicate any changes in the proposed project budget since the original proposal was submitted; (2) Indicate project-to-date costs for each line item (spent or encumbered); and (3) Update funding sources for the project; and (4) Indicate where Impact 100 Greater Indianapolis funds were spent. Since submitting the interim report prepared by your agency for this grant, submit your most recent CPA audit, financial review or 990 (in order of preference) for your agency. **If all grant funds have not been spent, please contact Impact 100 Greater Indianapolis immediately.****
11. If applicable, please attach relevant materials relating to the funded project, i.e., press or news items, annual report references, brochures, letters of support, photographs, etc.
12. Please share any thoughts about how Impact 100 Greater Indianapolis could be helpful to this project as our funding period concludes, either in the funding process or in other ways beyond additional funding.

Signature _____ Date _____

Title/CEO _____

Signature _____ Date _____

Board Officer/Treasurer _____

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1/6/06

Grant Final Report and Narrative

- ? Please summarize your income and expenses for the project activities.
- ? Include a brief narrative description of each line item. Not all budget categories apply to all applicants. Please limit the detailed budget narrative to two pages.
- ? The grant income and expenses must balance.

Name of Organization _____

Project Name _____

Grant Time Period _____

INCOME

Provide a brief narrative description for each applicable line item. All income sources should be committed.

| | Cash Income | In-Kind Goods and Services |
|------------------------------------------------------------------|------------------------|-------------------------------------------|
| 1. Service Fees and Admissions: | \$ _____ | _____ |
| 2. Corporate Contributions/Sponsorships : | \$ _____ | _____ |
| 3. Individual Contributions: | \$ _____ | _____ |
| 4. Foundation Support: | \$ _____ | _____ |
| 5. Fundraisers and Special Events: | \$ _____ | _____ |
| 6. Government Support: State/Federal/Local: | \$ _____ | _____ |
| 7. Internal Re-allocation | \$ _____ | _____ |
| 8. Other (Please Specify) | \$ _____ | _____ |
| 9. TOTAL CASH INCOME (Add lines 1-8) | \$ _____ | _____ |
| 10. TOTAL IN-KIND GOODS/SERVICES(From line 24) | _____ | \$ _____ |
| 11. TOTAL INCOME WITHOUT GRANT (Add lines 9+10) | \$ _____ | _____ |
| 12. Impact Grant Funds | \$ _____ | _____ |
| 13. TOTAL INCOME WITH GRANT (Add 11 +12) (Line 25 should =13) | \$ _____ | _____ |

EXPENSES

Provide a brief narrative description for each applicable line item.

| | Cash Expense | In-Kind Goods and Services | Specific use of Impact 100 Funds |
|---------------------------------------------------|-------------------------|-------------------------------------------|-----------------------------------------------------|
| 14. Employee Compensation, Benefits, Taxes: | \$ _____ | \$ _____ | \$ _____ |
| 15. Professional Fees & Contracted Labor: | \$ _____ | \$ _____ | \$ _____ |
| 16. Professional Development: | \$ _____ | \$ _____ | \$ _____ |
| 17. Printing and Publications | \$ _____ | \$ _____ | \$ _____ |
| 18. Supplies: | \$ _____ | \$ _____ | \$ _____ |
| 19. Marketing/Advertising: | \$ _____ | \$ _____ | \$ _____ |
| 20. Space Rental and Occupancy: | \$ _____ | \$ _____ | \$ _____ |
| 21. Travel/Transportation: | \$ _____ | \$ _____ | \$ _____ |
| 22. Other (Specify): | \$ _____ | \$ _____ | \$ _____ |
| 23. TOTAL CASH EXPENSES (Add Lines 14-22) | \$ _____ | _____ | _____ |
| 24. TOTAL IN-KIND GOODS/SERVICES(Add Lines 14-22) | _____ | \$ _____ | _____ |
| 25. TOTAL EXPENSES (Add Lines 23 + 24) | \$ _____ | _____ | _____ |

