

Impact 100 Greater Indianapolis Interim Grant Report Form

Organization _____ Date Submitted _____

1. Please list your primary goals identified in your proposals and describe the progress you have made toward meeting each goal, including specific examples. Please explain any variance from your goals or expected progress. Use additional pages, if necessary.
2. Has your timeline, budget, approach or plans changed from what was described in your original proposal? If yes, please explain. Use additional pages, if necessary.
3. Describe the response of the community or clients to the program thus far.
4. Please describe any unanticipated challenges encountered with this project to date and explain how you plan to address those challenges.
5. Describe specific successes achieved to this point, which demonstrate the positive impact of the program and reinforce why it is a worthwhile endeavor.
6. Describe any changes that you wish to make at this time to the grant performance objectives and activities.
7. Fiscal information —Please complete the budget that follows on the next page 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); (3) Update funding sources for the project; and (4) Indicate where Impact 100 Greater Indianapolis funds were spent. Also, submit your nonprofit organization's financial information for the current fiscal year indicating income and expenses. This can be submitted as your most recent CPA audit, financial review or 990 (in order of preference) for your agency.

Signature _____ Date _____

Title/CEO _____

Signature _____ Date _____

Board Officer/Treasurer _____

Grant Request Budget and Narrative

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

Name of Organization _____
 Budget Time Period _____

INCOME

Provide a brief narrative description for each applicable line item. In the income section list each income source as either Potential (P) or Committed (C)

	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. FOUNDATION GRANT REQUEST	\$	_____
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)	\$	_____	_____

